

519



Kanepackage Philippine Inc.

PR-001-F12-REV.00

MEMO: - None -

Manaig Rea, Villanueva  
SO #: SO24-M-01076

# JOB ORDER

|                                        |                                  |                                              |                                  |
|----------------------------------------|----------------------------------|----------------------------------------------|----------------------------------|
| Customer : ARKRAY INDUSTRY, INC.       |                                  | JOB ORDER:                                   |                                  |
| ITEM CODE: <b>84-05467A</b>            |                                  | JO24-M-01076-4                               |                                  |
| Netsuite Itemcode : 84-05467A          |                                  |                                              |                                  |
| Item Description : INNER BOX F821629-1 |                                  |                                              |                                  |
| QTY: <b>2050</b>                       | DELIVERY DATE: <b>2024-07-05</b> | CREATED BY: <b>Mendonez, Jhee Ann Manalo</b> | DATE RELEASED: <b>2024-06-28</b> |

|                     |                 |           |              |                |          |           |
|---------------------|-----------------|-----------|--------------|----------------|----------|-----------|
| Raw Material Code:  | Qty To Be Used: | Over Run: | Cut Size:    | Actual Issued: | DR#:     | SUPPLIER: |
| 1028X1030 BF NPK180 | 2050            | 20        | 1028x1030 BF | 2070           | 19/19/21 | pu        |

Tooling Reference # **B1/30** Control/Batch #: **68-18-28/FS#2-1** RM Issued By: **ELMER 7/5**

| PROCESS / MACHINE | DATE           | IN-CHARGE |                | GOOD QTY              | TRIAL RUN |   | REJECTED QTY |          | REMARKS                                   |
|-------------------|----------------|-----------|----------------|-----------------------|-----------|---|--------------|----------|-------------------------------------------|
|                   |                | Operator  | ME/QA          |                       |           |   | INHOUSE      | SUPPLIER |                                           |
| 1. EQOS           | 7/5            | DMCC      | JemK           | 2070                  | G         | R |              |          | S-0226<br>E-0228                          |
| 2. DIECUT ETERNA  | 7/4            | BMMM      | WALIN FL       | 2060                  | G         | R |              |          | S-705<br>E-708                            |
| 3. GLUING MANUAL  | 7/6            | GN L.A    | 352            | 155 240<br>700<br>400 | G         | R |              |          |                                           |
| 4. LOT NUMBERING  | 07/04          |           | Jannet JM      | 340                   | G         | R |              |          |                                           |
| 5. SCREENING      | 07/04<br>07/02 |           | Rec J. LAMARCO | 340<br>400            | G         | R | 21           |          |                                           |
| 6.                | 07/08          |           | PIC            | 400+234               | G         | R | 50           |          |                                           |
| 7.                | 07/08          |           | Rec J. LAMARCO | 225<br>391            | G         | R | 15<br>36     |          |                                           |
| 8.                |                |           |                |                       |           |   |              |          | QA INPUT DATE 07-08<br>TIME 5:11 QTY 2072 |
| 9.                |                |           |                |                       |           |   |              |          | QA INPUT DATE 07-08<br>TIME 5:11 QTY 1930 |
| 10.               |                |           |                |                       |           |   |              |          | QA INPUT DATE 07-08<br>TIME 5:11 QTY 117  |

|                                                        |                                      |                                                      |                                                     |
|--------------------------------------------------------|--------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| Customer Claim:                                        | ARKRAY INDUSTRY INC.                 | Quantity 10 pcs.                                     | ARKRAY INDUSTRY INC.                                |
| Notes: IN-HOUSE REJECTION HISTORY: punctured, wrinkled | Item Code 84-05467A                  | Item Code 84-05467A                                  | Quantity 10 pcs.                                    |
|                                                        | Item Description INNER BOX F821629-1 | Supplier's QC PASSED INSPECTION RoHS OK QA-CG3522 MP | Supplier's QC PASSED INSPECTION RoHS OK QA-CG734 MP |
| REMARKS                                                | Lot No. / Ref. NO. 240708-01076-4    | Lot No. / Ref. NO. 240708-01076-4                    | Lot No. / Ref. NO. 240707-01076-4                   |
| PROB PLAN: ADD #0 PLAN 2024-187                        | K KANEPACKAGE PHILIPPINE INC.        |                                                      |                                                     |
| ENCODING                                               | K KANEPACKAGE PHILIPPINE INC.        |                                                      |                                                     |
|                                                        | K KANEPACKAGE PHILIPPINE INC.        |                                                      |                                                     |

: 024-06-28 Issued by:

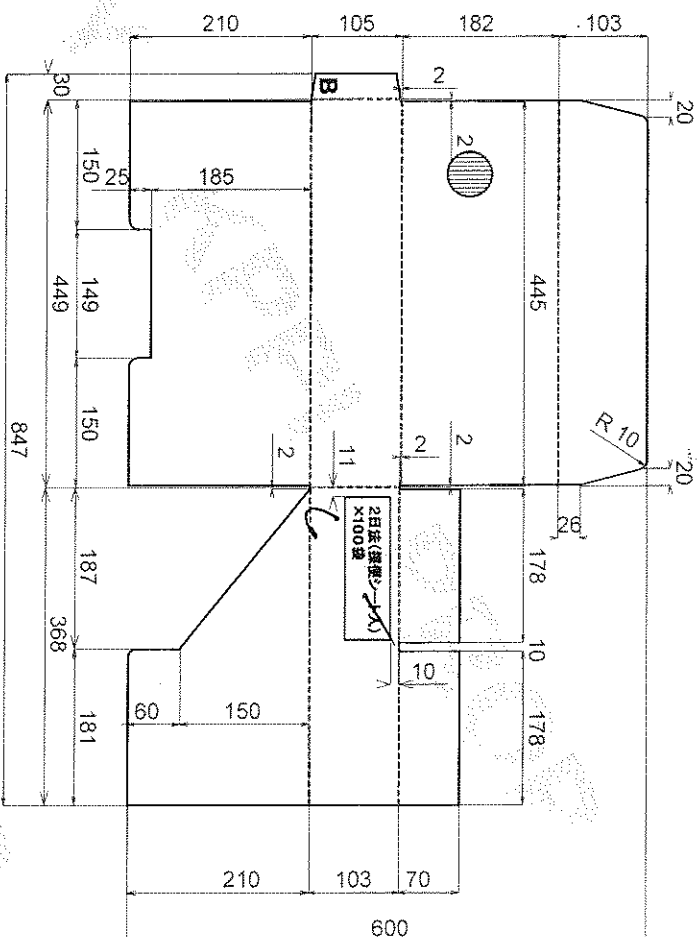
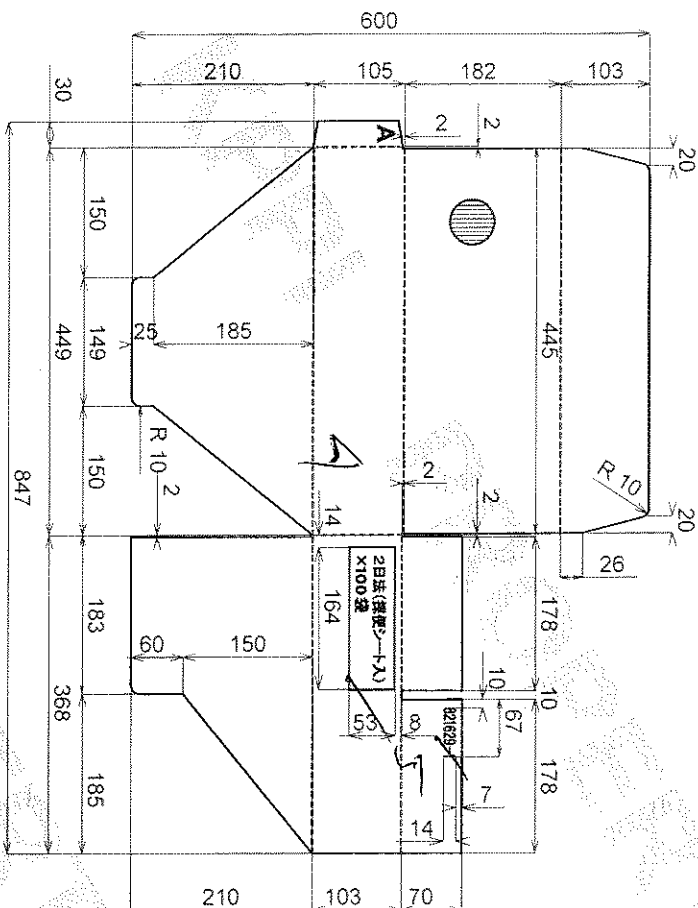
NOTE:

1. MATERIAL : B FLUTE (NPK180TX175/NPK180)
2. INNER DIMENSION : 445 X 366 X 98
3. OUTER DIMENSION : 451 X 372 X 110
4. JOINT FLAP: GLUING INSIDE, 2 JOINTS
5. PRINT COLOR: DARK BLUE (EQ-02)

WITH SUTEBAN

2日法(採便シート入)  
×100 袋

821629-1



**CUSTOMER:**

## ARXRAY

## TOLERANCE

## MATERIAL:

[illegible]

|            |      |
|------------|------|
| DIMENSION: | +/-3 |
| <=50       | +/-1 |

B FLUTE (NPK180/TX175/NPK180)

84-05467A  
INNER BOX F821629-1

ITEM KEY: AKI-0134-01AB-0

1/2  
PAGE:

PRINT: +/-5

**K** **KANEPACKAGE PHIL. INC.**  
#5 Ring Rd. L15P-2 Bldg. Linares Calamba, Laguna  
Tel. Nos. 70494545-7465 to 66

9

23/03/13

ADDITIONAL NOTE  
"WITH SUTEBAN"

W. MOTILLA

| material | width/height | width | material      | - HALF-CUT |
|----------|--------------|-------|---------------|------------|
| —        | —            | —     | - PERFORATION |            |

PACKING INSTRUCTION:

vald

Q

Officer

9

57

4

6

2

1

DT-002-F01 REV.03

| KANEPACKAGE PHILIPPINE INC.                                                                                                                                                                                                                                                                                                       |                 | SCREENING INSPECTION REPORT<br>(CORRUGATED AND MOULDED ITEMS)                                               |                                                                               | Control No.                    |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------|-----------|
|                                                                                                                                                                                                                                                                                                                                   |                 |                                                                                                             |                                                                               | SQB-07-000519                  |           |
| Customer: ARKRAY INDUSTRY INC.                                                                                                                                                                                                                                                                                                    |                 | Inspection Date: 240509                                                                                     | Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night |                                |           |
| Location: LAGUNA                                                                                                                                                                                                                                                                                                                  |                 | Delivery Date: 240705                                                                                       |                                                                               |                                |           |
| Item Code: 84-05467A                                                                                                                                                                                                                                                                                                              |                 | Job Order No: J024-M-01076-4                                                                                |                                                                               |                                |           |
| Item Description: INNER BOX F821629-1                                                                                                                                                                                                                                                                                             |                 | Job Order Qty: 2,050                                                                                        |                                                                               |                                |           |
| Model: N/A                                                                                                                                                                                                                                                                                                                        |                 | Inspection Method: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling               |                                                                               |                                |           |
| Drawing Revision No: 06                                                                                                                                                                                                                                                                                                           |                 | Delivery Receipt No: 191091                                                                                 |                                                                               |                                |           |
| External Provider: PW                                                                                                                                                                                                                                                                                                             |                 | Gluing Process: <input checked="" type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing |                                                                               |                                |           |
|                                                                                                                                                                                                                                                                                                                                   |                 | <input type="checkbox"/> SD1800                                                                             |                                                                               |                                |           |
| Dimensional Inspection                                                                                                                                                                                                                                                                                                            |                 |                                                                                                             |                                                                               |                                |           |
| Time Conducted Sample #1: 6:10                                                                                                                                                                                                                                                                                                    |                 | Time Conducted Sample #2: 6:15                                                                              |                                                                               | Time Conducted Sample #3: 7:00 |           |
| Checkpoints                                                                                                                                                                                                                                                                                                                       | Drawing Specs   | Tolerance                                                                                                   | Sample #1                                                                     | Sample #2                      | Sample #3 |
| 1                                                                                                                                                                                                                                                                                                                                 | 4.75            | +3                                                                                                          | 4.85                                                                          | 4.75                           | 4.75      |
| 2                                                                                                                                                                                                                                                                                                                                 | 3.66            |                                                                                                             | 3.66                                                                          | 3.66                           | 3.66      |
| 3                                                                                                                                                                                                                                                                                                                                 | 2.8             |                                                                                                             | 2.8                                                                           | 2.8                            | 2.8       |
| 4                                                                                                                                                                                                                                                                                                                                 | 1.4             | +5                                                                                                          | 1.4                                                                           | 1.4                            | 1.4       |
| 5                                                                                                                                                                                                                                                                                                                                 | 1.0             |                                                                                                             | 1.0                                                                           | 1.0                            | 1.0       |
| 6                                                                                                                                                                                                                                                                                                                                 | 1.1             |                                                                                                             | 1.1                                                                           | 1.1                            | 1.1       |
| 7                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                             |                                                                               |                                |           |
| 8                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                             |                                                                               |                                |           |
| 9                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                             |                                                                               |                                |           |
| 10                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                             |                                                                               |                                |           |
| 11                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                             |                                                                               |                                |           |
| 12                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                             |                                                                               |                                |           |
| 13                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                             |                                                                               |                                |           |
| 14                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                             |                                                                               |                                |           |
| 15                                                                                                                                                                                                                                                                                                                                | 23-210291 = 184 |                                                                                                             |                                                                               |                                |           |
| Measuring Tools: <input type="checkbox"/> Meter/Tape <input type="checkbox"/> Thickness Gauge <input type="checkbox"/> Weighing Scale <input type="checkbox"/> Steel Ruler <input type="checkbox"/> Caliper <input type="checkbox"/> Zahn Cup <input type="checkbox"/> Stopwatch <input type="checkbox"/> Moisture Content Tester |                 |                                                                                                             |                                                                               |                                |           |
| Visual Inspection (Leave blank if no detection of applicable criteria. This is not actual quantity of defect based on classification or "N/A" if Not Applicable)                                                                                                                                                                  |                 |                                                                                                             |                                                                               |                                |           |
| A. CORRUGATED ITEM / BOX / DANPLA                                                                                                                                                                                                                                                                                                 |                 | In-house                                                                                                    | External Provider                                                             | Total Quantity                 |           |
| Scoring                                                                                                                                                                                                                                                                                                                           |                 | 2                                                                                                           |                                                                               | 2                              |           |
| Grain Direction                                                                                                                                                                                                                                                                                                                   |                 |                                                                                                             |                                                                               |                                |           |
| Paper Shade (Off Color)                                                                                                                                                                                                                                                                                                           |                 | N                                                                                                           |                                                                               |                                |           |
| Bubbles                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                             |                                                                               |                                |           |
| Blister                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                             |                                                                               |                                |           |
| Wrinkle                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                             |                                                                               |                                |           |
| Delamination                                                                                                                                                                                                                                                                                                                      |                 |                                                                                                             |                                                                               |                                |           |
| Uneven Kraft liner                                                                                                                                                                                                                                                                                                                |                 |                                                                                                             |                                                                               |                                |           |
| Warping                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                             |                                                                               |                                |           |
| Cracking on edge                                                                                                                                                                                                                                                                                                                  |                 | N                                                                                                           |                                                                               |                                |           |
| Bursting / Bursting on Edge (Crownfeet)                                                                                                                                                                                                                                                                                           |                 |                                                                                                             |                                                                               |                                |           |
| Wrong die-cut orientation                                                                                                                                                                                                                                                                                                         |                 |                                                                                                             |                                                                               |                                |           |
| Inverted die-cut                                                                                                                                                                                                                                                                                                                  |                 |                                                                                                             |                                                                               |                                |           |
| Close Gap / Wide Gap                                                                                                                                                                                                                                                                                                              |                 |                                                                                                             |                                                                               |                                |           |
| Print Color                                                                                                                                                                                                                                                                                                                       |                 |                                                                                                             |                                                                               |                                |           |
| Missing Print/Character                                                                                                                                                                                                                                                                                                           |                 |                                                                                                             |                                                                               |                                |           |
| Blotted Print                                                                                                                                                                                                                                                                                                                     |                 |                                                                                                             |                                                                               |                                |           |
| Smeared Print                                                                                                                                                                                                                                                                                                                     |                 |                                                                                                             |                                                                               |                                |           |
| Other Print Defect: mtd align print                                                                                                                                                                                                                                                                                               |                 | 14                                                                                                          |                                                                               | 14                             |           |
| Linemark                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                             |                                                                               |                                |           |
| Fish-eye                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                             |                                                                               |                                |           |
| Stain                                                                                                                                                                                                                                                                                                                             |                 | 2                                                                                                           |                                                                               | 2                              |           |
| Excess Glue                                                                                                                                                                                                                                                                                                                       |                 |                                                                                                             |                                                                               |                                |           |
| Gluing Defect                                                                                                                                                                                                                                                                                                                     |                 |                                                                                                             |                                                                               |                                |           |
| Worn-out                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                             |                                                                               |                                |           |
| Dent                                                                                                                                                                                                                                                                                                                              |                 | N                                                                                                           |                                                                               |                                |           |
| Punctured                                                                                                                                                                                                                                                                                                                         |                 |                                                                                                             |                                                                               |                                |           |
| Tear-off                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                             |                                                                               |                                |           |
| Peel-off                                                                                                                                                                                                                                                                                                                          |                 | 2                                                                                                           |                                                                               | 2                              |           |
| Damages                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                             |                                                                               |                                |           |
| Others                                                                                                                                                                                                                                                                                                                            |                 |                                                                                                             |                                                                               |                                |           |
| B. PALLET                                                                                                                                                                                                                                                                                                                         |                 | In-house                                                                                                    | External Provider                                                             | Total Quantity                 |           |
| Condition of Wood                                                                                                                                                                                                                                                                                                                 |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Rusty Nail                                                                                                                                                                                                                                                                                                                        |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Warping                                                                                                                                                                                                                                                                                                                           |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Fumigation Stamp                                                                                                                                                                                                                                                                                                                  |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Crack/ Damages                                                                                                                                                                                                                                                                                                                    |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Others                                                                                                                                                                                                                                                                                                                            |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| C. CORRUGATED PALLET                                                                                                                                                                                                                                                                                                              |                 | In-house                                                                                                    | External Provider                                                             | Total Quantity                 |           |
| Color of Carton (Discoloration)                                                                                                                                                                                                                                                                                                   |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Flute of Material                                                                                                                                                                                                                                                                                                                 |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Type of Adhesion                                                                                                                                                                                                                                                                                                                  |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Adhesion of Runner                                                                                                                                                                                                                                                                                                                |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Rusty Wire                                                                                                                                                                                                                                                                                                                        |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Wrong Orientation                                                                                                                                                                                                                                                                                                                 |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Damages                                                                                                                                                                                                                                                                                                                           |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Others                                                                                                                                                                                                                                                                                                                            |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| D. MOULDED ITEMS                                                                                                                                                                                                                                                                                                                  |                 | In-house                                                                                                    | External Provider                                                             | Total Quantity                 |           |
| Poor Fusion                                                                                                                                                                                                                                                                                                                       |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Chip Off                                                                                                                                                                                                                                                                                                                          |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Warp / Deform                                                                                                                                                                                                                                                                                                                     |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Crack                                                                                                                                                                                                                                                                                                                             |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Broken                                                                                                                                                                                                                                                                                                                            |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Scratches                                                                                                                                                                                                                                                                                                                         |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Foreign Materials                                                                                                                                                                                                                                                                                                                 |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Wet / Moist                                                                                                                                                                                                                                                                                                                       |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Dirt                                                                                                                                                                                                                                                                                                                              |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Stain                                                                                                                                                                                                                                                                                                                             |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Discoloration                                                                                                                                                                                                                                                                                                                     |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Excess Flashes                                                                                                                                                                                                                                                                                                                    |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |
| Others                                                                                                                                                                                                                                                                                                                            |                 | N/A                                                                                                         | N/A                                                                           | N/A                            |           |

|                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                             |                                |                                                                                             |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------|-----------|
| <b>KANEPACKAGE PHILIPPINE INC.</b>                                                                                                                                                                                                                                                                                                                            |                      | <b>SCREENING INSPECTION REPORT</b><br><b>(CORRUGATED AND MOULDED ITEMS)</b> |                                | Control No.<br><b>SQB-07-000519</b>                                                         |           |
| I. ITEM INFORMATION                                                                                                                                                                                                                                                                                                                                           |                      |                                                                             |                                |                                                                                             |           |
| Customer                                                                                                                                                                                                                                                                                                                                                      | ARKRAY INDUSTRY INC. |                                                                             | Inspection Date                | 240708 Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night        |           |
| Location                                                                                                                                                                                                                                                                                                                                                      | CAVITE               |                                                                             | Delivery Date                  | 240705                                                                                      |           |
| Item Code                                                                                                                                                                                                                                                                                                                                                     | 84-05467A            |                                                                             | Job Order Number               | JO24-M-01076-4                                                                              |           |
| Item Description                                                                                                                                                                                                                                                                                                                                              | INNER BOX F&T1829-1  |                                                                             | Job Order Qty.                 | 2,050                                                                                       |           |
| MODEL                                                                                                                                                                                                                                                                                                                                                         | N/A                  |                                                                             | Inspection Method              | <input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling                  |           |
| Drawing Revision No.                                                                                                                                                                                                                                                                                                                                          | 06                   |                                                                             | Delivery Receipt No.           | 141591                                                                                      |           |
| External Provider                                                                                                                                                                                                                                                                                                                                             | CIN                  |                                                                             | Gluing Process                 | <input checked="" type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing |           |
|                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                             |                                | <input type="checkbox"/> SD1800                                                             |           |
| II. Dimensional Inspection                                                                                                                                                                                                                                                                                                                                    |                      |                                                                             |                                |                                                                                             |           |
| Time Conducted Sample #1: 1300                                                                                                                                                                                                                                                                                                                                |                      |                                                                             | Time Conducted Sample #2: 1400 |                                                                                             |           |
| Time Conducted Sample #3: 1600                                                                                                                                                                                                                                                                                                                                |                      |                                                                             |                                |                                                                                             |           |
| Checkpoints                                                                                                                                                                                                                                                                                                                                                   | Drawing Specs        | Tolerance                                                                   | Sample #1                      | Sample #2                                                                                   | Sample #3 |
| 1                                                                                                                                                                                                                                                                                                                                                             | 445                  | ±3                                                                          | 446                            | 445                                                                                         | 445       |
| 2                                                                                                                                                                                                                                                                                                                                                             | 266                  |                                                                             | 266                            | 266                                                                                         | 266       |
| 3                                                                                                                                                                                                                                                                                                                                                             | 28                   |                                                                             | 28                             | 28                                                                                          | 28        |
| 4                                                                                                                                                                                                                                                                                                                                                             | 14                   | ±5                                                                          | 14                             | 14                                                                                          | 14        |
| 5                                                                                                                                                                                                                                                                                                                                                             | 10                   |                                                                             | 10                             | 10                                                                                          | 10        |
| 6                                                                                                                                                                                                                                                                                                                                                             | 11                   |                                                                             | 11                             | 12                                                                                          | 10        |
| 7                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                             |                                |                                                                                             |           |
| 8                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                             |                                |                                                                                             |           |
| 9                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                             |                                |                                                                                             |           |
| 10                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 11                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 12                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 13                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 14                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 15                                                                                                                                                                                                                                                                                                                                                            | 24-21073-WF          |                                                                             |                                |                                                                                             |           |
| 16                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 17                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 18                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 19                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 20                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 21                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 22                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 23                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 24                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 25                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 26                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 27                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 28                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 29                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| 30                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| Measuring Tools <input type="checkbox"/> Meter Tape <input type="checkbox"/> Thickness Gauge <input type="checkbox"/> Weighing Scale <input type="checkbox"/> Steel Ruler <input type="checkbox"/> Caliper <input type="checkbox"/> Mohr Cup <input type="checkbox"/> Stencil <input type="checkbox"/> Catch <input type="checkbox"/> Moisture Content Tester |                      |                                                                             |                                |                                                                                             |           |
| III. Visual Inspection (Leave cell blank if no detection on Applicable Criteria. Ensure to put actual quantity of defect based on classification or "N/A" if Not Applicable)                                                                                                                                                                                  |                      |                                                                             |                                |                                                                                             |           |
| A. CORRUGATED ITEM / BOX / DANPLA                                                                                                                                                                                                                                                                                                                             |                      | In-house                                                                    | External Provider              | Total Quantity                                                                              |           |
| Scoring                                                                                                                                                                                                                                                                                                                                                       |                      | 3                                                                           |                                | 3                                                                                           |           |
| Grain Direction                                                                                                                                                                                                                                                                                                                                               |                      |                                                                             |                                |                                                                                             |           |
| Paper Shade (Off Color)                                                                                                                                                                                                                                                                                                                                       |                      |                                                                             |                                |                                                                                             |           |
| Bubbles                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                             |                                |                                                                                             |           |
| Blister                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                             |                                |                                                                                             |           |
| Wrinkle                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                             |                                |                                                                                             |           |
| Delamination                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                             |                                |                                                                                             |           |
| Uneven Kraft liner                                                                                                                                                                                                                                                                                                                                            |                      |                                                                             |                                |                                                                                             |           |
| Warpage                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                             |                                |                                                                                             |           |
| Cracking on edge                                                                                                                                                                                                                                                                                                                                              |                      |                                                                             |                                |                                                                                             |           |
| Bursting / Bursting on Edge (Crowfeet)                                                                                                                                                                                                                                                                                                                        |                      |                                                                             |                                |                                                                                             |           |
| Wrong die-cut orientation                                                                                                                                                                                                                                                                                                                                     |                      |                                                                             |                                |                                                                                             |           |
| Inverted die-cut                                                                                                                                                                                                                                                                                                                                              |                      |                                                                             |                                |                                                                                             |           |
| Close Gap/ Wide Gap                                                                                                                                                                                                                                                                                                                                           |                      |                                                                             |                                |                                                                                             |           |
| Print Color:                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                             |                                |                                                                                             |           |
| Missing Print/ Character                                                                                                                                                                                                                                                                                                                                      |                      |                                                                             |                                |                                                                                             |           |
| Blotted Print                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                             |                                |                                                                                             |           |
| Smeared Print                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                             |                                |                                                                                             |           |
| Other Print Defect: MISALIGN                                                                                                                                                                                                                                                                                                                                  |                      | 7                                                                           |                                | 7                                                                                           |           |
| Linemark                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                             |                                |                                                                                             |           |
| Fish-eye                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                             |                                |                                                                                             |           |
| Stain:                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                             |                                |                                                                                             |           |
| Excess Glue                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                             |                                |                                                                                             |           |
| Gluing Defect: MISALIGN                                                                                                                                                                                                                                                                                                                                       |                      | 40                                                                          |                                | 40                                                                                          |           |
| Worn-out                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                             |                                |                                                                                             |           |
| Dent                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                             |                                |                                                                                             |           |
| Punctured                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                             |                                |                                                                                             |           |
| Tear-off                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                             |                                |                                                                                             |           |
| Peel-off                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                             |                                |                                                                                             |           |
| Damages:                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                             |                                |                                                                                             |           |
| Others: 1446                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                             |                                |                                                                                             |           |
| B. PALLET                                                                                                                                                                                                                                                                                                                                                     |                      | In-house                                                                    | External Provider              | Total Quantity                                                                              |           |
| Condition of Wood                                                                                                                                                                                                                                                                                                                                             |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Rusty Nail                                                                                                                                                                                                                                                                                                                                                    |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Warping                                                                                                                                                                                                                                                                                                                                                       |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Fumigation Stamp                                                                                                                                                                                                                                                                                                                                              |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Crack/ Damages                                                                                                                                                                                                                                                                                                                                                |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Others                                                                                                                                                                                                                                                                                                                                                        |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| C. CORRUGATED PALLET                                                                                                                                                                                                                                                                                                                                          |                      | In-house                                                                    | External Provider              | Total Quantity                                                                              |           |
| Color of Carton (Discoloration)                                                                                                                                                                                                                                                                                                                               |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Flute of Material                                                                                                                                                                                                                                                                                                                                             |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Type of Adhesion                                                                                                                                                                                                                                                                                                                                              |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Adhesion of Runner                                                                                                                                                                                                                                                                                                                                            |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Rusty Wire                                                                                                                                                                                                                                                                                                                                                    |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Wrong Orientation                                                                                                                                                                                                                                                                                                                                             |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Damages:                                                                                                                                                                                                                                                                                                                                                      |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Others:                                                                                                                                                                                                                                                                                                                                                       |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| D. MOULDED ITEMS                                                                                                                                                                                                                                                                                                                                              |                      | In-house                                                                    | External Provider              | Total Quantity                                                                              |           |
| Poor Fusion                                                                                                                                                                                                                                                                                                                                                   |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Chip Off                                                                                                                                                                                                                                                                                                                                                      |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Warp / Deform                                                                                                                                                                                                                                                                                                                                                 |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Crack                                                                                                                                                                                                                                                                                                                                                         |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Broken                                                                                                                                                                                                                                                                                                                                                        |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Scratches                                                                                                                                                                                                                                                                                                                                                     |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Foreign Materials                                                                                                                                                                                                                                                                                                                                             |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Wet / Moist                                                                                                                                                                                                                                                                                                                                                   |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Dirt                                                                                                                                                                                                                                                                                                                                                          |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Stain:                                                                                                                                                                                                                                                                                                                                                        |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Discoloration                                                                                                                                                                                                                                                                                                                                                 |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Excess Flashes                                                                                                                                                                                                                                                                                                                                                |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |
| Others:                                                                                                                                                                                                                                                                                                                                                       |                      | N/A                                                                         | N/A                            | N/A                                                                                         |           |

|                                                                                                                                                                                                                                                                                                                                             |                       |                                                                       |                                 |                      |                                                                                                                                |                                     |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------|---------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------|
| <b>KANEPACKAGE PHILIPPINE INC.</b>                                                                                                                                                                                                                                                                                                          |                       | <b>SCREENING INSPECTION REPORT<br/>(CORRUGATED AND MOULDED ITEMS)</b> |                                 |                      |                                                                                                                                | Control No.<br><b>SQA-07-000519</b> |                   |
|                                                                                                                                                                                                                                                                                                                                             |                       | <b>I. Item Information</b>                                            |                                 |                      |                                                                                                                                |                                     |                   |
| Customer                                                                                                                                                                                                                                                                                                                                    | ARKRAY INDUSTRY, INC. |                                                                       |                                 | Inspection Date      | 240708                                                                                                                         |                                     |                   |
| Location                                                                                                                                                                                                                                                                                                                                    | Laguna                |                                                                       |                                 | Delivery Date        | 240705                                                                                                                         |                                     |                   |
| Item Code                                                                                                                                                                                                                                                                                                                                   | 84-05467A             |                                                                       |                                 | Job Order No.        | JO24-M-01076-4                                                                                                                 |                                     |                   |
| Item Description                                                                                                                                                                                                                                                                                                                            | INNER BOX F821629-1   |                                                                       |                                 | Job Order Qty.       | 2,050                                                                                                                          |                                     |                   |
| Model                                                                                                                                                                                                                                                                                                                                       | N/A                   |                                                                       |                                 | Inspection Method    | <input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling                                                     |                                     |                   |
| Drawing Revision No.                                                                                                                                                                                                                                                                                                                        | 06                    |                                                                       |                                 | Delivery Receipt No. | 171599                                                                                                                         |                                     |                   |
| External Provider                                                                                                                                                                                                                                                                                                                           | /w                    |                                                                       |                                 | Gluing Process       | <input checked="" type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing<br><input type="checkbox"/> SD1800 |                                     |                   |
| <b>II. Dimensional Inspection</b>                                                                                                                                                                                                                                                                                                           |                       |                                                                       |                                 |                      |                                                                                                                                |                                     |                   |
| Time Conducted Sample #1: 10:00                                                                                                                                                                                                                                                                                                             |                       |                                                                       | Time Conducted Sample #2: 11:00 |                      |                                                                                                                                | Time Conducted Sample #3: 12:00     |                   |
| Checkpoints                                                                                                                                                                                                                                                                                                                                 | Drawing Specs         | Tolerance                                                             | Sample #1                       | Sample #2            | Sample #3                                                                                                                      | Checkpoints                         | Drawing Specs     |
| 1                                                                                                                                                                                                                                                                                                                                           | 345                   |                                                                       | 345                             | 345                  | 345                                                                                                                            | 16                                  |                   |
| 2                                                                                                                                                                                                                                                                                                                                           | 366                   | 4.5                                                                   | 366                             | 366                  | 366                                                                                                                            | 17                                  |                   |
| 3                                                                                                                                                                                                                                                                                                                                           | 98                    |                                                                       | 98                              | 98                   | 98                                                                                                                             | 18                                  |                   |
| 4                                                                                                                                                                                                                                                                                                                                           | 14                    |                                                                       | 14                              | 14                   | 14                                                                                                                             | 19                                  |                   |
| 5                                                                                                                                                                                                                                                                                                                                           | 10                    | 4.5                                                                   | 10                              | 10                   | 10                                                                                                                             | 20                                  |                   |
| 6                                                                                                                                                                                                                                                                                                                                           | 11                    |                                                                       | 11                              | 11                   | 11                                                                                                                             | 21                                  |                   |
| 7                                                                                                                                                                                                                                                                                                                                           |                       |                                                                       |                                 |                      |                                                                                                                                | 22                                  |                   |
| 8                                                                                                                                                                                                                                                                                                                                           |                       |                                                                       |                                 |                      |                                                                                                                                | 23                                  |                   |
| 9                                                                                                                                                                                                                                                                                                                                           |                       |                                                                       |                                 |                      |                                                                                                                                | 24                                  |                   |
| 10                                                                                                                                                                                                                                                                                                                                          |                       |                                                                       |                                 |                      |                                                                                                                                | 25                                  |                   |
| 11                                                                                                                                                                                                                                                                                                                                          |                       |                                                                       |                                 |                      |                                                                                                                                | 26                                  |                   |
| 12                                                                                                                                                                                                                                                                                                                                          |                       |                                                                       |                                 |                      |                                                                                                                                | 27                                  |                   |
| 13                                                                                                                                                                                                                                                                                                                                          |                       |                                                                       |                                 |                      |                                                                                                                                | 28                                  |                   |
| 14                                                                                                                                                                                                                                                                                                                                          |                       |                                                                       |                                 |                      |                                                                                                                                | 29                                  |                   |
| 15                                                                                                                                                                                                                                                                                                                                          | 23-21029-184          |                                                                       |                                 |                      |                                                                                                                                | 30                                  |                   |
| Measuring Tools <input checked="" type="checkbox"/> Meter Tape <input type="checkbox"/> Thickness Gauge <input type="checkbox"/> Weighing Scale <input type="checkbox"/> Steel Ruler <input type="checkbox"/> Caliper <input type="checkbox"/> Zahn Cup <input type="checkbox"/> Stopwatch <input type="checkbox"/> Moisture Content Tester |                       |                                                                       |                                 |                      |                                                                                                                                |                                     |                   |
| <b>III. Visual Inspection (Leave cell blank if no detection on Applicable Criteria. Ensure to put actual quantity of defect based on classification or "N/A" if Not Applicable)</b>                                                                                                                                                         |                       |                                                                       |                                 |                      |                                                                                                                                |                                     |                   |
| A. CORRUGATED ITEM / BOX / DANPLA                                                                                                                                                                                                                                                                                                           |                       | In-house                                                              | External Provider               | Total Quantity       | B. PALLET                                                                                                                      |                                     | In-house          |
|                                                                                                                                                                                                                                                                                                                                             |                       |                                                                       |                                 |                      |                                                                                                                                |                                     | External Provider |
|                                                                                                                                                                                                                                                                                                                                             |                       |                                                                       |                                 |                      |                                                                                                                                |                                     | Total Quantity    |
| Scoring                                                                                                                                                                                                                                                                                                                                     |                       | 5                                                                     |                                 | 5                    | Condition of Wood                                                                                                              |                                     | N/A               |
| Grain Direction                                                                                                                                                                                                                                                                                                                             |                       |                                                                       |                                 |                      | Rusty Nail                                                                                                                     |                                     | N/A               |
| Paper Shade (Off Color)                                                                                                                                                                                                                                                                                                                     |                       |                                                                       |                                 |                      | Warping                                                                                                                        |                                     | N/A               |
| Bubbles                                                                                                                                                                                                                                                                                                                                     |                       | N                                                                     |                                 |                      | Fumigation Stamp                                                                                                               |                                     | N/A               |
| Blister                                                                                                                                                                                                                                                                                                                                     |                       |                                                                       |                                 |                      | Crack/ Damages                                                                                                                 |                                     | N/A               |
| Wrinkle                                                                                                                                                                                                                                                                                                                                     |                       |                                                                       |                                 |                      | Others                                                                                                                         |                                     | N/A               |
| Delamination                                                                                                                                                                                                                                                                                                                                |                       |                                                                       |                                 |                      | C. CORRUGATED PALLET                                                                                                           |                                     | In-house          |
| Uneven Kraft liner                                                                                                                                                                                                                                                                                                                          |                       |                                                                       |                                 |                      |                                                                                                                                |                                     | External Provider |
| Warpage                                                                                                                                                                                                                                                                                                                                     |                       |                                                                       |                                 |                      | Color of Carton (Discoloration)                                                                                                |                                     | N/A               |
| Cracking on edge                                                                                                                                                                                                                                                                                                                            |                       |                                                                       |                                 |                      | Flute of Material                                                                                                              |                                     | N/A               |
| Bursting / Bursting on Edge (Crowfeet)                                                                                                                                                                                                                                                                                                      |                       |                                                                       |                                 |                      | Type of Adhesion                                                                                                               |                                     | N/A               |
| Wrong die-cut orientation                                                                                                                                                                                                                                                                                                                   |                       |                                                                       |                                 |                      | Adhesion of Runner                                                                                                             |                                     | N/A               |
| Inverted die-cut                                                                                                                                                                                                                                                                                                                            |                       |                                                                       |                                 |                      | Rusty Wire                                                                                                                     |                                     | N/A               |
| Close Gap/ Wide Gap                                                                                                                                                                                                                                                                                                                         |                       |                                                                       |                                 |                      | Wrong Orientation                                                                                                              |                                     | N/A               |
| Print Color :                                                                                                                                                                                                                                                                                                                               |                       |                                                                       |                                 |                      | Damages :                                                                                                                      |                                     | N/A               |
| Missing Print/ Character                                                                                                                                                                                                                                                                                                                    |                       |                                                                       |                                 |                      | Others :                                                                                                                       |                                     | N/A               |
| Blotted Print                                                                                                                                                                                                                                                                                                                               |                       |                                                                       |                                 |                      | D. MOULDED ITEMS                                                                                                               |                                     | In-house          |
| Smeared Print                                                                                                                                                                                                                                                                                                                               |                       |                                                                       |                                 |                      |                                                                                                                                |                                     | External Provider |
| Other Print Defect : miss align print                                                                                                                                                                                                                                                                                                       |                       | 27                                                                    |                                 | 27                   | Poor Fusion                                                                                                                    |                                     | N/A               |
| Linemark                                                                                                                                                                                                                                                                                                                                    |                       |                                                                       |                                 |                      | Chip Off                                                                                                                       |                                     | N/A               |
| Fish-eye                                                                                                                                                                                                                                                                                                                                    |                       |                                                                       |                                 |                      | Warp / Deform                                                                                                                  |                                     | N/A               |
| Stain :                                                                                                                                                                                                                                                                                                                                     |                       | 4                                                                     |                                 | 4                    | Crack                                                                                                                          |                                     | N/A               |
| Excess Glue                                                                                                                                                                                                                                                                                                                                 |                       |                                                                       |                                 |                      | Broken                                                                                                                         |                                     | N/A               |
| Gluing Defect :                                                                                                                                                                                                                                                                                                                             |                       |                                                                       |                                 |                      | Scratches                                                                                                                      |                                     | N/A               |
| Worn-out                                                                                                                                                                                                                                                                                                                                    |                       | N                                                                     |                                 |                      | Foreign Material/s                                                                                                             |                                     | N/A               |
| Dent                                                                                                                                                                                                                                                                                                                                        |                       |                                                                       |                                 |                      | Wet / Moist                                                                                                                    |                                     | N/A               |
| Punctured                                                                                                                                                                                                                                                                                                                                   |                       |                                                                       |                                 |                      | Dirt                                                                                                                           |                                     | N/A               |
| Tear-off                                                                                                                                                                                                                                                                                                                                    |                       |                                                                       |                                 |                      | Stain :                                                                                                                        |                                     | N/A               |
| Peel-off                                                                                                                                                                                                                                                                                                                                    |                       |                                                                       |                                 |                      | Discoloration                                                                                                                  |                                     | N/A               |
| Damages :                                                                                                                                                                                                                                                                                                                                   |                       |                                                                       |                                 |                      | Excess Flashes                                                                                                                 |                                     | N/A               |
| Others :                                                                                                                                                                                                                                                                                                                                    |                       |                                                                       |                                 |                      | Others :                                                                                                                       |                                     | N/A               |