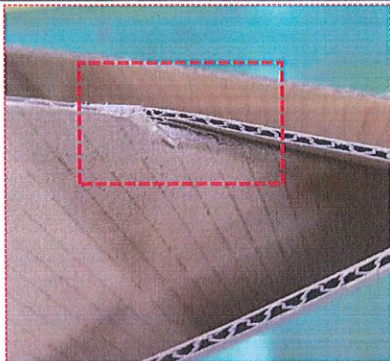




## I. Item Information

|                         |                 |                            |   |
|-------------------------|-----------------|----------------------------|---|
| Item Code               | HP33D1057-1     | Customer                   | KOWA-EMORI  |
| Item Description        | CARTON BOX      | Delivery Date              | 241003  |
| Inspection Date         | 241003          | Inspection Time            | 6:30 am   |
| Lot Quantity            | 2,978 pcs.      | Job Order Number           | JO24-M-01612-9  |
| Affected Quantity       | 160 pcs.        | Origin                     | <input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER: |
| Rejection Rate and PPM  | 5.4% 53,727 PPM | Date Received              | N/A   |
| Sampling Quantity (IQA) | N/A             | Detection (Section / Area) | SCREENING 4   |
| Problem Description     | BURSTING        | Delivery Receipt Number    | N/A   |

## II. Visual Reference (Defect Illustration)

| GOOD        | NO GOOD   |
|-------------|---|
| NO BURSTING |  |

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

|                                     |                     |                         |                               |  |  |
|-------------------------------------|---------------------|-------------------------|-------------------------------|--|--|
| Related Doc. Info.                  |                     | Control Number          | Requirement:                  | NO BURSTING                                    |  |
| <input checked="" type="checkbox"/> | Procedure Manual :  | PM-QA-018               |                               |  |  |
| <input checked="" type="checkbox"/> | Technical Drawing : | EMO-0098-01AB-04        | Actual:                       | WITH BURSTING                                  |  |
| <input checked="" type="checkbox"/> | Work Instruction :  | WI-QA-001-010           |                               |  |  |
| <input checked="" type="checkbox"/> | Job Order :         | JO24-M-01612-9          | Conclusion or Recommendation: | FOR APPROVAL                                   |  |
| <input checked="" type="checkbox"/> | Reports :           | AR2024-10-059           |                               |  |  |
| <input checked="" type="checkbox"/> | Defect Limit :      | KOWA-EMORI DEFECT LIMIT |                               |  |  |
|                                     |                     |                         |                               | <input checked="" type="checkbox"/> Applicable |  |
|                                     |                     |                         |                               | <input type="checkbox"/> Not Applicable        |  |

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

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

|          |  |
|----------|--|
| Remarks: | JUDGEMENT<br>(If subject is for issuance of IRF / CAR)<br><input type="checkbox"/> FOR 5 WHY ISSUANCE<br><input type="checkbox"/> FOR CAR ISSUANCE<br><input checked="" type="checkbox"/> FOR IRF ISSUANCE |
|----------|--|

|  |                |   |                |  |
|--|----------------|---|----------------|--|
| Detected by  | Checked by     | Initial Approved by (If Needed)   | Approved by    | Received By  |
| K. VERAS   | J. RELLORA     |   | M. CASILIANO   |  |
| QA Inspector   | QA Line Leader | ME Head   | QA Head        | QA Staff   |
| <b>Important: Backloading Policy (External Provider Rejects)</b><br>Rejection rate that is more than 80% of the total quantity shall be approved by Top Management before backloading. |                | Evaluation  | Approved by    | Final Disposition  |
|  |                | <input type="checkbox"/> <80% No Need<br><input type="checkbox"/> >80% Need |                | <input type="checkbox"/> Backload<br><input type="checkbox"/> Accept<br><input type="checkbox"/> Other _____ |
|  |                |   | Top Management |  |



## VII. Sorting Instructions

## VIII. Sorting Details

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

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

|                                       | Reason | Total Quantity | Remarks | Received by |
|---------------------------------------|--------|----------------|---------|-------------|
| <input type="checkbox"/> Pull-Out     |        |                |         |             |
| <input type="checkbox"/> For Transfer |        |                |         |             |

## X. Reworking Instructions

## XI. Reworking Result

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

## XII. Reinspection Result

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





Kanepackage Philippine Inc.

MEMO: - None -

PR-001-F12-REV.00

## JOB ORDER

Labay, Menchie

SO #: SO24-M-01612

Customer : KOWA-EMORI PHILIPPINES, INC.

ITEM CODE: HP33D1057-1

Netsuite Itemcode: HP33D1057-1

JOB ORDER:



JO24-M-01612-9

Item Description : CARTON BOX

QTY: 3000

DELIVERY DATE:

2024-10-03

CREATED BY:

Mendonez, Jhee Ann Manalo

DATE RELEASED:

2024-09-27

Raw Material Code:

Qty To  
Be Used:Over  
Run:Cut  
Size:Actual  
Issued:

DR#:

SUPPLIER:

720X797 BF TX200

1500

10

N/A

1510

0195402

PW

Tooling Reference #

F-32/34

Control/Batch #:

RM Issued By:

Jian 10/3

| PROCESS / MACHINE    | DATE           | IN-CHARGE     |                         | GOOD<br>QTY       | TRIAL<br>RUN |   | REJECTED QTY |          | REMARKS                                      |
|----------------------|----------------|---------------|-------------------------|-------------------|--------------|---|--------------|----------|--|
|                      |                | Operator      | ME/QA                   |                   | G            | R | INHOUSE      | SUPPLIER |  |
| 1. EQOS              | 10/3           | PMOV          | VENANCY<br>10/3         | 1510              | 2            |   |              |          | S-0024<br>E-0027                             |
| 2. DIECUT ETERNA     | 10/04          | JAR           | VENANCY<br>10/04        | 1510              | 1            |   |              |          | S-0117<br>E-0119                             |
| 3. DETACHING 1       | 10/5           | DS            |                         | 2018              | 42           |   |              |          |  |
| 4. GLUING CONVEYOR 1 | 10/5           | GC-EILY<br>C. | Frankie<br>10/5<br>10/5 | 1500<br>1478      |              |   |              |          | 1194 - 1500<br>130 - 1478                    |
| 5. LOT NUMBERING     | 10/08<br>10/05 |               | JHY                     | 1430<br>1000+1430 |              |   |              |          | Fi   |
| 6. SCREENING         | 10/67          |               | KERNIN                  | 1430              |              |   | 70           |          |  |
| 7.                   | 10/08          |               | KERNIN                  | 1280              |              |   | 38           |          | FOR APPROVAL<br>160 PCS<br>DUE TO PARTIALITY |
| 8.                   |                |               |                         |                   |              |   |              |          |  |
| 9.                   |                |               |                         |                   |              |   |              |          |  |
| 10.                  |                |               |                         |                   |              |   |              |          |  |

QA INPUT: DATE  
TIME QTYQA OUTPUT: DATE  
TIME QTYWIP REJECT DATE  
TIME QTY

## REJECTION HISTORY

Customer Claim:

Notes: IN-HOUSE REJECTION HISTORY: extra fold, misaligned print, misaligned glue 76/2100 (230530);

PRODUCTION OUT

BY: Jhy

DATE: 10/9 AU

REMARKS

PROD PLAN: ADD #0 PLAN 2024-277

NETSUITE

1500 - QA - Jhy 10/5 Gaby

KOWA-EMORI PHILIPPINES INC.

Item Code

HP33D1057-1

Item Description

CARTON BOX

Lot No. / Ref. NO.

241008-01612-9

KANEPACKAGE PHILIPPINE INC.

Quantity

10 pcs.

Supplier's QC

PASSED

INSPECTION

RoHS OK

QA-CG3804

MP

NAME: Jhy DATE: 10/9





| <b>KANEPACKAGE PHILIPPINE INC.</b>  |                              | <b>SCREENING INSPECTION REPORT</b><br><b>(CORRUGATED AND MOULDED ITEMS)</b> |                      | Control No.<br><b>SQA-10-000476</b>  |           |
|---|------------------------------|---|----------------------|--|-----------|
| <b>I. Item Information</b>  |                              |   |                      |  |           |
| Customer  | KOWA-EMORI PHILIPPINES, INC. |   | Inspection Date      | 24/06/18   |           |
| Location  | Laguna                       |   | Delivery Date        | 24/10/03   |           |
| Item Code   | HP33D1057-1                  |   | Job Order No.        | JO24-M-01612-9   |           |
| Item Description  | CARTON BOX                   |   | Job Order Qty.       | 3,000  |           |
| Model   | N/A                          |   | Inspection Method    | <input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling   |           |
| Drawing Revision No.  | 04                           |   | Delivery Receipt No. | 0195402  |           |
| External Provider   | PW                           |   | 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:   |                              | 6:05  |                      | Time Conducted Sample #2: 6:30   |           |
| Time Conducted Sample #3:   |                              | 6:45  |                      |  |           |
| Checkpoints   | Drawing Specs                | Tolerance   | Sample #1            | Sample #2  | Sample #3 |
| 1   | 183                          |   | 183                  | 183  | 183       |
| 2   | 183                          | -2  | 183                  | 183  | 183       |
| 3   | 41                           |   | 41                   | 41   | 41        |
| 4   | 19                           |   | 19                   | 19   | 19        |
| 5   | 18                           | +5  | 18                   | 18   | 18        |
| 6   | 19                           |   | 19                   | 19   | 19        |
| 7   | 19                           | -5  | 19                   | 19   | 19        |
| 8   |                              |   |                      |  |           |
| 9   |                              |   |                      |  |           |
| 10  |                              |   |                      |  |           |
| 11  |                              |   |                      |  |           |
| 12  |                              |   |                      |  |           |
| 13  |                              |   |                      |  |           |
| 14  |                              |   |                      |  |           |
| 15  |                              |   |                      |  |           |
| 16  |                              |   |                      |  |           |
| 17  |                              |   |                      |  |           |
| 18  |                              |   |                      |  |           |
| 19  |                              |   |                      |  |           |
| 20  |                              |   |                      |  |           |
| 21  |                              |   |                      |  |           |
| 22  |                              |   |                      |  |           |
| 23  |                              |   |                      |  |           |
| 24  |                              |   |                      |  |           |
| 25  |                              |   |                      |  |           |
| 26  |                              |   |                      |  |           |
| 27  |                              |   |                      |  |           |
| 28  |                              |   |                      |  |           |
| 29  |                              |   |                      |  |           |
| 30  |                              |   |                      |  |           |
| Measuring Tool Used: <input checked="" type="checkbox"/> Meter Tape <input type="checkbox"/> Thickness Gauge <input type="checkbox"/> Moisture Content Tester <input type="checkbox"/> Weighing Scale <input type="checkbox"/> Zahn Cup <input type="checkbox"/> Steel Ruler <input type="checkbox"/> Stopwatch <input type="checkbox"/> Caliper    Control Number of Measuring Tool Used: 24-24011-005 |                              |   |                      |  |           |
| <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>   |                              |   |                      |  |           |
| <b>A. CORRUGATED ITEM / BOX / DANPLA</b>  |                              | In-house  | External Provider    | Total Quantity   |           |
| Scoring   |                              | 11  |                      | 11   |           |
| Grain Direction   |                              |   |                      |  |           |
| Paper Shade (Off Color)   |                              |   |                      |  |           |
| Bubbles   |                              |   |                      |  |           |
| Blister   |                              |   |                      |  |           |
| Wrinkle   |                              |   |                      |  |           |
| Delamination  |                              |   |                      |  |           |
| Uneven Kraft liner  |                              |   |                      |  |           |
| Warpage   |                              |   |                      |  |           |
| Cracking on edge  |                              |   |                      |  |           |
| Bursting / Bursting on Edge (Crowfeet)  |                              | 166   |                      | 166  |           |
| Wrong die-cut orientation   |                              |   |                      |  |           |
| Inverted die-cut  |                              |   |                      |  |           |
| Close Gap/ Wide Gap   |                              |   |                      |  |           |
| Print Color : _____   |                              |   |                      |  |           |
| Missing Print/ Character  |                              |   |                      |  |           |
| Blotted Print   |                              |   |                      |  |           |
| Smeared Print   |                              |   |                      |  |           |
| Other Print Defect : _____  |                              |   |                      |  |           |
| Linemark  |                              |   |                      |  |           |
| Fish-eye  |                              | 1   |                      | 1  |           |
| Stain : BIRD STAIN  |                              | 2   |                      | 2  |           |
| Excess Glue   |                              | 10  |                      | 10   |           |
| Gluing Defect : _____   |                              |   |                      |  |           |
| Worn-out  |                              |   |                      |  |           |
| Dent  |                              | 4   |                      | 4  |           |
| Punctured   |                              | 4   |                      | 4  |           |
| Tear-off  |                              | 4   |                      | 4  |           |
| Peel-off  |                              | 2   |                      | 2  |           |
| Damages : _____   |                              |   |                      |  |           |
| Others : _____  |                              |   |                      |  |           |
| <b>B. PALLET</b>  |                              | 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  |           |
| <b>C. CORRUGATED PALLET</b>   |                              | 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  |           |
| <b>D. MOULDED ITEMS</b>   |                              | 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  |           |



SCREENING INSPECTION REPORT  
(CORRUGATED AND MOULDED ITEMS)

[illegible]