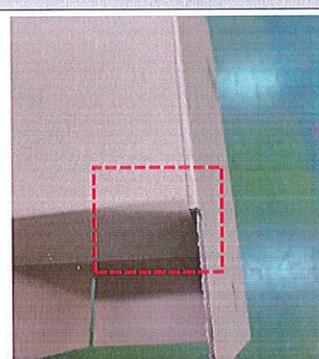


I. Item Information

Item Code	HP01D5601	Customer	KOWA-EMORI
Item Description	CARTON BOX	Delivery Date	241114
Inspection Date	241113	Inspection Time	02:20 AM <i>pm</i>
Lot Quantity	396 PCS.	Job Order Number	JO24-M-01800-47
Affected Quantity	35 PCS.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	8.8% 88,383 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 5
Problem Description	BULGING	Delivery Receipt Number	N/A

II. Visual Reference (Defect Illustration)

GOOD	NO GOOD
<p>NO BULGING</p> <p>MISALIGN SLOT (LUMITAB)</p> 	

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

Related Doc. Info. <input checked="" type="checkbox"/> Procedure Manual : <input checked="" type="checkbox"/> Technical Drawing : <input checked="" type="checkbox"/> Work Instruction : <input checked="" type="checkbox"/> Job Order : <input checked="" type="checkbox"/> Reports : <input checked="" type="checkbox"/> Defect Limit :	Control Number PM-QA-018 EMO-0089-01AB-02 WI-QA-001-010 JO24-M-01800-47 AR2024-11-063 GENERAL DEFECT LIMIT	Requirement: NO BULGING MISALIGN SLOT <i>Ji</i> Actual: WITH BULGING MISALIGN SLOT	Conclusion or Recommendation: REJECT <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
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IV. Initial Disposition (To be filled out by ME Department If Needed)

V. Final Disposition

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

Remarks:	JUDGEMENT (If subject is for issuance of IRF / CAR) <input type="checkbox"/> FOR 5 WHY ISSUANCE <input type="checkbox"/> FOR CAR ISSUANCE <input checked="" type="checkbox"/> FOR IRF ISSUANCE
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Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
<i>R. RANSUYO</i> R. RANSUYO QA Inspector	<i>J. RELLORA</i> J. RELLORA QA Line Leader		<i>M. CASILLANO</i> M. CASILLANO QA Head	<i>24/11/14</i> QA Staff

Important: Backloading Policy (External Provider Rejects) Rejection rate that is more than 80% of the total quantity shall be approved by Top Management before backloading.	Evaluation	Approved by	Final Disposition
	<input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need	Top Management	<input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____

Note: All details must be filled out completely.
 Submit this form to Line Leader immediately after accomplishment.

VII. Sorting Instructions	
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VIII. Sorting Details								
Sorting Date	Sorting Time		No. of Manpower	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	
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XI. Reworking Result								
Reworking Date	Reworking Time		# of Manpower	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 Manpower	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		

Note: All details must be filled out completely.
 Submit this form to Line Leader immediately after accomplishment.



1015

PR-001-F12-REV.00

MEMO: - None -

Dela Cerna, Jessa Mae

SO #: SO24-M-01800 REV07

JOB ORDER

Customer : KOWA-EMORI PHILIPPINES, INC.		JOB ORDER:	
ITEM CODE: HP01D5601		JO24-M-01800-47	
Netsuite Itemcode: HP01D5601			
Item Description : CARTON BOX			
QTY: 400	DELIVERY DATE: 2024-11-14	CREATED BY: Villanueva, Nene Adeva	DATE RELEASED: 2024-11-08

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
364X741 BF TX200-C	400	15	N/A	415	6196956	PO

Tooling Reference # F-33 Control/Batch #: _____ RM Issued By: emj 11/12

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	11/12	MEMJ	LOWHILL 11/12	415	3				C 0112 E 0113
2. GLUING SA 2600	11	P-D		396	2	19			
3. LOT NUMBERING	11/13		JM	100					
4. SCREENING	11/13		MC	354			42		
5.									
6.									
7.									
8.									
9.									
10.									

REJECTION HISTORY

Customer Claim: _____

Notes: _____

KOWA-EMORI PHILIPPINES INC.	
Item Code HP01D5601	Quantity 10 pcs.
Item Description CARTON BOX	Supplier's QC PASSED INSPECTION RoHS OK QA-KP734 MP
Lot No. / Ref. NO. 241113-01800-47	
K. KANEPACKAGE PHILIPPINE INC.	

REMARKS
PROD PLAN: ADD #3 PLAN 2024-319

PRODUCTION OUT

BY: Jha

DATE: 11/13

NETSUITE

DATE: 11/13

1. The first part of the document is a list of names and addresses. The names are written in a cursive hand, and the addresses are in a more formal, printed style. The list is organized into columns, with names in the first column and addresses in the second.

2. The second part of the document is a list of names and addresses, similar to the first part. The names are written in a cursive hand, and the addresses are in a more formal, printed style. The list is organized into columns, with names in the first column and addresses in the second.

3. The third part of the document is a list of names and addresses, similar to the first two parts. The names are written in a cursive hand, and the addresses are in a more formal, printed style. The list is organized into columns, with names in the first column and addresses in the second.

Name	Address	City	State	Zip	Phone	Fax	E-mail	Notes
John Doe	123 Main St	New York	NY	10001	212-555-1234		jdoe@ny.com	
Jane Smith	456 Elm St	Los Angeles	CA	90001	213-555-5678		jsmith@la.com	
Bob Johnson	789 Oak St	Chicago	IL	60601	312-555-9012		bjohnson@chicago.com	
Alice Brown	101 Pine St	Houston	TX	77001	281-555-3456		abrown@houston.com	
Charlie Davis	202 Cedar St	Phoenix	AZ	85001	602-555-7890		cdavis@phoenix.com	
Diana Evans	303 Birch St	San Antonio	TX	78101	214-555-2345		devans@sanantonio.com	
Frank Green	404 Maple St	Dallas	TX	75201	972-555-6789		fgreen@dallas.com	
Grace Hill	505 Spruce St	San Diego	CA	92101	619-555-0123		ghill@san-diego.com	
Henry King	606 Ash St	San Jose	CA	95101	408-555-4567		hking@san-jose.com	
Ivy Lee	707 Hickory St	Austin	TX	78701	512-555-8901		ilee@austin.com	
Jack Miller	808 Walnut St	Portland	OR	97201	503-555-2345		jmiller@portland.com	
Karen Wilson	909 Chestnut St	San Francisco	CA	94101	415-555-6789		kwilson@san-francisco.com	
Leo Young	1010 Elm St	Denver	CO	80201	303-555-0123		lyoung@denver.com	
Mia Hall	1111 Oak St	Seattle	WA	98101	206-555-4567		mhall@seattle.com	
Noah King	1212 Pine St	Boston	MA	02101	617-555-8901		nking@boston.com	
Olivia Lee	1313 Cedar St	New Orleans	LA	70101	504-555-2345		olee@new-orleans.com	
Peter Miller	1414 Birch St	San Francisco	CA	94101	415-555-6789		pmiller@san-francisco.com	
Quinn Wilson	1515 Spruce St	Dallas	TX	75201	972-555-0123		qwilson@dallas.com	
Sam Young	1616 Ash St	San Diego	CA	92101	619-555-4567		syoung@san-diego.com	
Tina Hall	1717 Hickory St	Austin	TX	78701	512-555-8901		thall@austin.com	
Uma King	1818 Walnut St	Portland	OR	97201	503-555-2345		uking@portland.com	
Victor Lee	1919 Chestnut St	San Francisco	CA	94101	415-555-6789		vlee@san-francisco.com	
Wendy Miller	2020 Elm St	Denver	CO	80201	303-555-0123		wmiller@denver.com	
Xavier Wilson	2121 Oak St	Seattle	WA	98101	206-555-4567		xwilson@seattle.com	
Yvonne Young	2222 Pine St	Boston	MA	02101	617-555-8901		yyoung@boston.com	
Zoe King	2323 Cedar St	New Orleans	LA	70101	504-555-2345		zking@new-orleans.com	

4. The fourth part of the document is a list of names and addresses, similar to the previous parts. The names are written in a cursive hand, and the addresses are in a more formal, printed style. The list is organized into columns, with names in the first column and addresses in the second.

I. Item Information

Customer	KOWA-EMORI PHILIPPINES, INC.	Inspection Date	24/11/13	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date		241114
Item Code	HP01D5601	Job Order No.	JO24-M-01800-47	
Item Description	CARTON BOX	Job Order Qty.	400	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100%	<input type="checkbox"/> Sampling
Drawing Revision No.	02	Delivery Receipt No.	0196252	
External Provider	PW	Gluing Process	<input type="checkbox"/> Manual Gluing	<input checked="" type="checkbox"/> Semi-Auto Gluing
			<input type="checkbox"/> SD1800	

II. Dimensional Inspection

Time Conducted Sample #1: 0220			Time Conducted Sample #2: 0240			Time Conducted Sample #3: 0300					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	198	±3	195	195	194	16					
2	147		147	147	148	17					
3	208		208	208	208	18					
4	364	±5	365	365	366	19					
5	20		20	20	20	20					
6	30		30	30	31	21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Measuring Tool Used: Meter Tape Thickness Gauge Moisture Content Tester Weighing Scale Zahn Cup Steel Ruler Stopwatch Caliper

Control Number of Measuring Tool Used: 24-21073 5107

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	B. PALLET	In-house	External Provider	Total Quantity
Scoring	2		2	Condition of Wood	N/A	N/A	N/A
Grain Direction				Rusty Nail	N/A	N/A	N/A
Paper Shade (Off Color)				Warping	N/A	N/A	N/A
Bubbles				Fumigation Stamp	N/A	N/A	N/A
Blister		NC		Crack/ Damages	N/A	N/A	N/A
Wrinkle				Others	N/A	N/A	N/A
Delamination				C. CORRUGATED PALLET	In-house	External Provider	Total Quantity
Uneven Kraft liner				Color of Carton (Discoloration)	N/A	N/A	N/A
Warpage				Flute of Material	N/A	N/A	N/A
Cracking on edge				Type of Adhesion	N/A	N/A	N/A
Bursting / Bursting on Edge (Crowfeet)				Adhesion of Runner	N/A	N/A	N/A
Wrong die-cut orientation				Rusty Wire	N/A	N/A	N/A
Inverted die-cut				Wrong Orientation	N/A	N/A	N/A
Close Gap/ Wide Gap				Damages: _____	N/A	N/A	N/A
Print Color: _____				Others: _____	N/A	N/A	N/A
Missing Print/ Character				D. MOULDED ITEMS	In-house	External Provider	Total Quantity
Blotted Print				Poor Fusion	N/A	N/A	N/A
Smearred Print				Chip Off	N/A	N/A	N/A
Other Print Defect: _____				Warp / Deform	N/A	N/A	N/A
Linemark				Crack	N/A	N/A	N/A
Fish-eye				Broken	N/A	N/A	N/A
Stain: _____				Scratches	N/A	N/A	N/A
Excess Glue				Foreign Materials	N/A	N/A	N/A
Gluing Defect: _____				Wet / Moist	N/A	N/A	N/A
Worn-out	3		3	Dirt	N/A	N/A	N/A
Dent	2		2	Stain: _____	N/A	N/A	N/A
Punctured				Discoloration	N/A	N/A	N/A
Tear-off				Excess Flashes	N/A	N/A	N/A
Peel-off				Others: _____	N/A	N/A	N/A
Damages: _____							
Others: Bulk mfg	35		35				

