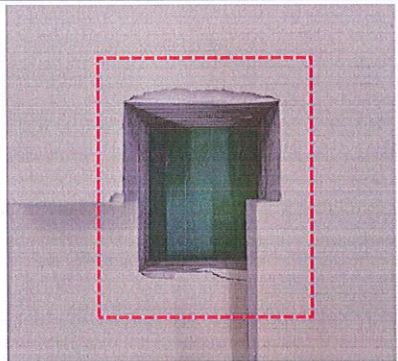


I. Item Information

Item Code	01-11138	Customer	ARKRAY INDUSTRY, INC.
Item Description	PACKAGING BOTTOM	Delivery Date	241108
Inspection Date	241113	Inspection Time	04:00 AM
Lot Quantity	30 PCS.	Job Order Number	JO24-M-01832-1
Affected Quantity	8 PCS.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	26.7% 266,666 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2
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	Actual:	WITH BURSTING
<input checked="" type="checkbox"/> Technical Drawing :	AKI-0259-01AH2	Conclusion or Recommendation:	REJECT
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010		
<input checked="" type="checkbox"/> Job Order :	JO24-M-01832-1		
<input checked="" type="checkbox"/> Reports :	AR2024-11-064		
<input checked="" type="checkbox"/> Defect Limit :	GENERAL 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 type="checkbox"/> Rejected	
<input type="checkbox"/> Backload	

V. Final Disposition

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

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



VII. Sorting Instructions

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

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		



Kanepackage Philippine Inc.

MEMO: - None -

PR-001-F12-REV. A

JOB ORDER

Manaig Rea, Villanueva
SO #: SO24-M-01832

Customer : ARKRAY INDUSTRY, INC.

ITEM CODE: 01-11138

Netsuite Itemcode: 01-11138

JOB ORDER:

JO24-M-01832-1



Item Description : PACKAGING BOTTOM

QTY: 30	DELIVERY DATE: 2024-11-08	CREATED BY: Mendonez, Jhee Ann Manalo	DATE RELEASED: 2024-11-04
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Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
01-11138.C1	30		None			
01-11138.C2	30		None			
01-11138.C3	30		None			
	0					

Tooling Reference # _____ Control/Batch #: _____ RM Issued By: _____

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. GLUING MANUAL	11/12	GIL R.A		10 20	I				
2. LOT NUMBERING					G	R			
3. SCREENING	11-13		MIKE	22	G	R	8		
4.					G	R			
5.					G	R			
6.					G	R			
7.					G	R			
8.									
9.									
10.									

QA INPUT	DATE	20/11/23	
TIME	4:50	QTY	30
QA OUTPUT	DATE	20/11/23	
TIME	4:50	QTY	22
WIP REJECT	DATE	20/11/23	
TIME	4:50	QTY	8

REJECTION HISTORY

Customer Claim:

Notes:

REMARKS

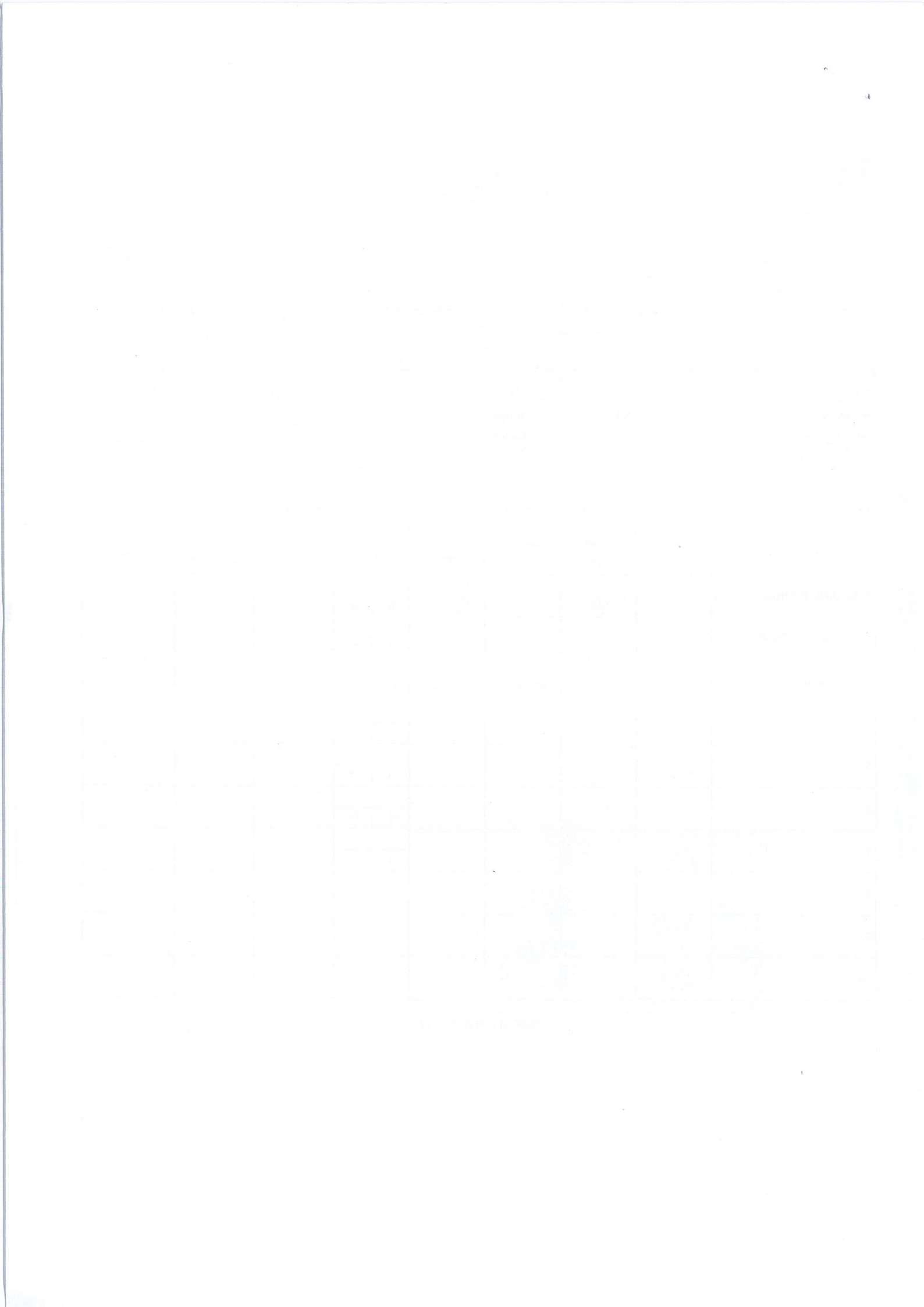
PROD PLAN: ADD #0 PLAN 2024-313

10 TO QA - STA 11/12

PRODUCTION OUT

BY: [Signature]

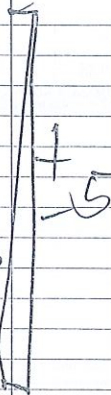
DATE: 11/13



I. Item Information

Customer	ARKRAY INDUSTRY INC.	Inspection Date	24/11/23	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date	241108	
Item Code	01-11138	Job Order No.	JO24-M-01832-1	
Item Description	PACKAGING BOTTOM	Job Order Qty.	30	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	00	Delivery Receipt No.	43248	
External Provider	DCB	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input type="checkbox"/> SD1800	

II. Dimensional Inspection

Time Conducted Sample #1: 4:00			Time Conducted Sample #2: 4:15			Time Conducted Sample #3: 4:25					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	650		650	651	657	16					
2	665		665	666	665	17					
3	590		591	591	596	18					
4	665		665	665	664	19					
5	180		180	182	181	20					
6	665		665	665	666	21					
7	180		180	180	181	22					
8	665		665	665	665	23					
9	227.6		227.6	228	228	24					
10	180		181	181	181	25					
11	328		328	328	329	26					
12	180		180	180	180	27					
13						28					
14						29					
15						30					

Measuring ☒ Meter Tape ☐ Moisture Content Tester ☐ Zahn Cup ☐ Stopwatch
 Tool Used: ☐ Thickness Gauge ☐ Weighing Scale ☐ Steel Ruler ☐ Caliper
 Control Number of Measuring Tool Used: 24-227.6-228

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				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				Crack/ Damages	N/A	N/A	N/A
Wrinkle				Others	N/A	N/A	N/A
Delamination				C. CORRUGATED PALLET			
Uneven Kraft liner				In-house	External Provider	Total Quantity	
Warping				Color of Carton (Discoloration)	N/A	N/A	N/A
Cracking on edge				Flute of Material	N/A	N/A	N/A
Bursting / Bursting on Edge (Crowfeet)	8		8	Type of Adhesion	N/A	N/A	N/A
Wrong die-cut orientation				Adhesion of Runner	N/A	N/A	N/A
Inverted die-cut				Rusty Wire	N/A	N/A	N/A
Close Gap/ Wide Gap				Wrong Orientation	N/A	N/A	N/A
Print Color : _____				Damages: _____	N/A	N/A	N/A
Missing Print/ Character				Others : _____	N/A	N/A	N/A
Blotted Print				D. MOULDED ITEMS			
Smeared Print				In-house	External Provider	Total Quantity	
Other Print Defect : _____				Poor Fusion	N/A	N/A	N/A
Linemark				Chip Off	N/A	N/A	N/A
Fish-eye				Warp / Deform	N/A	N/A	N/A
Stain : _____				Crack	N/A	N/A	N/A
Excess Glue				Broken	N/A	N/A	N/A
Gluing Defect : _____				Scratches	N/A	N/A	N/A
Worn-out				Foreign Materials	N/A	N/A	N/A
Dent				Wet / Moist	N/A	N/A	N/A
Punctured				Dirt	N/A	N/A	N/A
Tear-off				Stain : _____	N/A	N/A	N/A
Peel-off				Discoloration	N/A	N/A	N/A
Damages : _____				Excess Flashes	N/A	N/A	N/A
Others : _____				Others : _____	N/A	N/A	N/A

[illegible]