


## I. Item Information

Item Code	RX1-5732-000	Customer	CBMP
Item Description	Z10 SLEEVE S	Delivery Date	250219
Inspection Date	250222	Inspection Time	0430H
Lot Quantity	95 pcs.	Job Order Number	JO-F-25-185-4
Affected Quantity	25 pcs.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	26.3% 263,157.89 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 3
Problem Description	OVERLAP	Delivery Receipt Number	N/A

## II. Visual Reference (Defect Illustration)

GOOD	NO GOOD
NO OVERLAP	

Related Doc. Info.	Control Number	Requirement:	NO OVERLAP
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	W/ OVERLAP
<input checked="" type="checkbox"/> Technical Drawing :	CBM-0450-01AF-06	Conclusion or Recommendation:	REJECT
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010		<input checked="" type="checkbox"/> Applicable
<input checked="" type="checkbox"/> Job Order :	JO-F-25-185-4		<input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Reports :	AR2025-02-139		
<input checked="" type="checkbox"/> Defect Limit :	CBMP DEFECT LIMIT		

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

<input type="checkbox"/> Good	<input type="checkbox"/> Conditional (Please indicate details)
<input 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	Person In Charge	Target Date	Signature
<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 checked="" type="checkbox"/> FOR CAR ISSUANCE <input type="checkbox"/> FOR IRF ISSUANCE
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Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
E. PELAEZ	J. PAMPLONA		M. CASILLANO	
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		<input type="checkbox"/> Accept
	Top Management	<input type="checkbox"/> Other _____





## 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.

JOB ORDER

2537

PR-001-F12-REV.00

MEMO: - None -

Tiquis, Jelica Reney  
SO #: TO-F-25-185

Customer : CANON BUSINESS MACHINE PHILS.		JOB ORDER:	
ITEM CODE: <b>RX1-5732-000-RMFG</b>		JO-F-25-185-4	
Netsuite Itemcode : RX1-5732-000-RMFG			
Item Description : Z10 SLEEVE S			
QTY: <b>600</b>	DELIVERY DATE: 2025-02-19	CREATED BY: Javier, Sharlotte Nicole	DATE RELEASED: 2025-02-12



Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
393x1917 K337	600		NA	600	202501003	KPHK

Tooling Reference # \_\_\_\_\_ Control/Batch #: \_\_\_\_\_ RM Issued By: ELMER 2/21

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. GLUING MANUAL	02/21	ARLES		297	G	R			
2. LOT NUMBERING	2/21		Diane	170	G	R			
3. SCREENING	2/21		EFREM	170 40	G	R	45	10	
4.					G	R			
5.					G	R			
6.					G	R			
7.					G	R			
8.									
9.									
10.									

REJECTION HISTORY

Customer Claim:

Notes:

KANEPACKAGE PHILIPPINE, INC. REV.00	
CUSTOMER	CANON BUSINESS MACHINE PHILS. INC.
ITEM CODE	RX1-5732-000
ITEM DESCRIPTION	Z10 SLEEVE S
ITEM SIZE	
LOT NUMBER	250221-25-185
QUANTITY	:170 pcs
F:OHS OK	
QA-CG2371	
MP CA PASSED	

REMARKS  
PROD PLAN: ADD #0 PLAN 2025-050

297 TO QA Arles 2/21

170 2/21







5

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UNCONTROLLED COPY FOR JOB ORDER \*\*\*

2

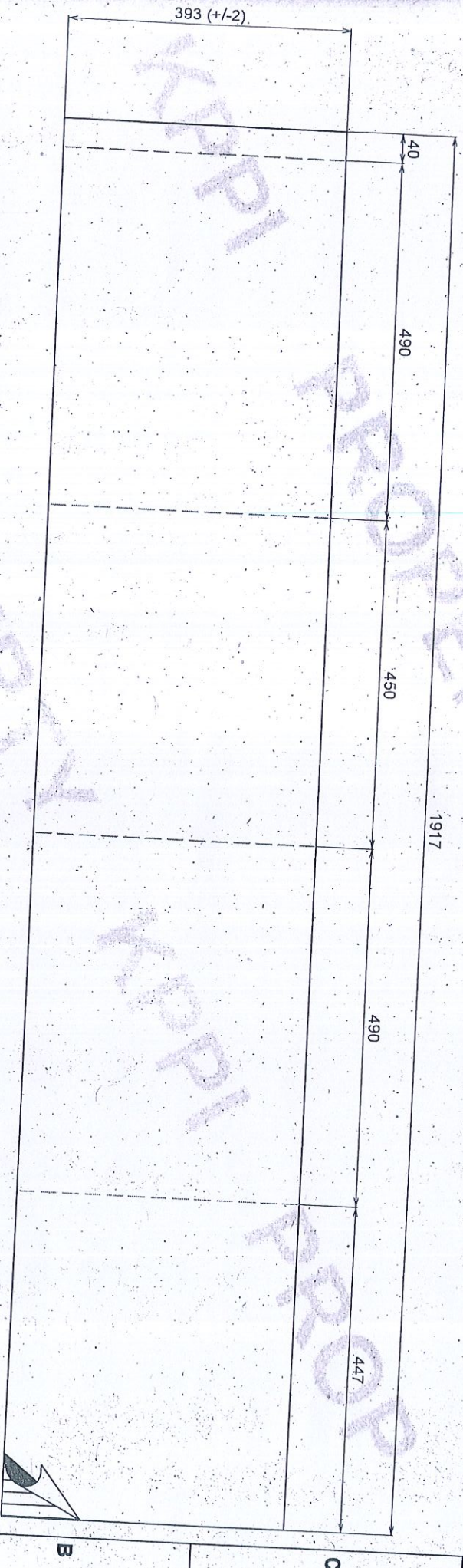
1

2025-02-12 Issued by: *[Signature]*

J/E:

① ② ③

1. INNER DIMENSION: 481 X 441 X 393
2. JOINT FLAP: GLUING INSIDE
3. BCT: 1175 kgf
4. RCT: 2505 N & OVER
5. ECT: 16.44 kN/m & OVER
6. MATERIAL DESTRUCTION: 70% or MORE



CUSTOMER: CBMP

ITEM DESCRIPTION/PART CODE:

RX1-5732-000  
Z10 SLEEVES

ECN - JJP75628

ITEM KEY:

CBM-0450-01AF-06



PAGE: 1/1

PRINT: N/A

TOLERANCE

DIMENSION: +5/-2

>=50 +5/-2

51-200 +4/-2

201-400 +4/-3

401-700 +4/-4

701-1000 +4/-5

1000+ +4/-8

MATERIAL:

AB FLUTE

(K337/K180/K337/K180/K337)

LEGEND: CUTTING

CREASING

HALF-CUT

PERFORATION

HOLE

P

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SLITTER BIG

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SLITTER SMALL

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GLUING-MANUAL

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LOT NUMBERING

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KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT  
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-02-002537

## I. Item Information

Customer	CANON BUSINESS MACHINE PHILS.	Inspection Date	250221	Shift:	<input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date	250219		
Item Code	RX1-5732-000	Job Order No.	JO-F-25-185-4		
Item Description	Z10 SLEEVE S	Job Order Qty.	600		
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling		
Drawing Revision No.	06	Delivery Receipt No.	202501003		
External Provider	KPHIC	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input type="checkbox"/> SD1800		

## II. Dimensional Inspection

Time Conducted Sample #1: 4:30			Time Conducted Sample #2: 4:30			Time Conducted Sample #3: 5:02					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	481	+5 -2	481	481	481	16					
2	441		441	441	441	17					
3	393		393	393	393	18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Measuring Tool Used:	<input checked="" type="checkbox"/> Meter Tape	<input type="checkbox"/> Moisture Content Tester	<input type="checkbox"/> Zahn Cup	<input type="checkbox"/> Stopwatch	Control Number of Measuring Tool Used: 22-02271-186
	<input type="checkbox"/> Thickness Gauge	<input type="checkbox"/> Weighing Scale	<input type="checkbox"/> Steel Ruler	<input type="checkbox"/> Caliper	

## 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	N			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	10		10				
Uneven Kraft liner				C. CORRUGATED PALLET	In-house	External Provider	Total Quantity
Warpage				Color of Carton (Discoloration)	N/A	N/A	N/A
Cracking on edge	N			Flute of Material	N/A	N/A	N/A
Bursting / Bursting on Edge (Crowfeet)				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							
Smeared Print				D. MOULDED ITEMS	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 : <u>bird stain</u>	1		1	Crack	N/A	N/A	N/A
Excess Glue				Broken	N/A	N/A	N/A
Gluing Defect : <u>miss align glue</u>	10		10	Scratches	N/A	N/A	N/A
Worn-out				Foreign Materials	N/A	N/A	N/A
Dent	1		1	Wet / Moist	N/A	N/A	N/A
Punctured	2		2	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 :	3		3	Excess Flashes	N/A	N/A	N/A
Others : <u>overlap</u>	25		25	Others :	N/A	N/A	N/A



## SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Joint Flap			Judgement		Type of Material			Judgement	
Requirement		Actual	Good	No Good	Requirement		Actual	Good	No Good
GLUED (Inside or Outside)	INSIDE	INSIDE	/		Corrugated	corr	corr	/	
					Flute	ADF	ADF	/	
STITCHED (Inside or Outside)	u			/	Others	u		/	

#### IV. Destructive Test (Based on Customer Requirement)

Requirement	Actual	Good	No Good
70 fu	90 %		

**V. Barcode Print (If Only with Printed Barcode on Item)**

Scan 1		<input type="checkbox"/> Good	<input type="checkbox"/> No Good
Scan 2	7	<input type="checkbox"/> Good	<input type="checkbox"/> No Good
BQICS Compliance (For Epson items only)		<input type="checkbox"/> Good	<input type="checkbox"/> No Good

## VI. Inspection Result

Total Qty Inspected	95	Defect Rate Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$
Total Qty Good	40	
Total Qty NG	35	
Defect Rate in % in PPM	37.8 % 378.947ppm	PPM Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$

## VII. Sampling Inspection Result




Total Sampling Qty Inspected	
Total Sampling Qty Good	
Total Sampling Qty NG	9 2
Defect Rate in % in PPM	

## VIII. Disposition

<input checked="" type="checkbox"/> Good	<input type="checkbox"/> For Special Acceptance
<input type="checkbox"/> Backload	<input type="checkbox"/> Conditional (Please indicate details)
<input type="checkbox"/> For Sorting	
<input type="checkbox"/> For Rework	Abnormality Report Control No.: <u>PROD-02-01</u>

## IX. Remarks

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
			
QA Screening Inspector	QA Line Leader	QA Supervisor / QA Asst. Supervisor	QA Head

## X. Reject & Reworks Item Verification

Defect	Verification Quantity		Remarks:	Verified by (Signature over Printed Name)
	Good	No-Good		
0		5		
Total				QA Inspector

## XI. Overall Inspection Time

## CORRUGATED AND MOULDED ITEMS

[illegible]