

## I. Item Information

Item Code	5169493-00	Customer	EPSON PRECISION (PHILIPPINES), INC. - IJP
Item Description	LIONEL 3 FAL AMERICA	Delivery Date	2025/07/15
Inspection Date	2025/07/12	Inspection Time	0915H - 2023H
Lot Quantity	1040	Job Order Number	1.JO- 0011277 2.
Affected Quantity	28	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	2.69% 26,923 PPM	Date Received	2025/07/03
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	INLINE QA M#3/ SHIFT A
Problem Description	SCRATCHES	Delivery Receipt Number	10842

GOOD

NO GOOD



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

Related Doc. Info.	Control Number	Requirement:	ITEM SHOULD BE IN GOOD CONDITION NO OCCURRENCE OF SCRATCHES
<input type="checkbox"/> Procedure Manual :		Actual:	SCRATCHES OCCUR ON UPPER FLAP CLASS B PANEL B
<input type="checkbox"/> Technical Drawing :		Conclusion and Recommendation:	<b>CHECK THE PROCESS FOR WHAT IS THE POSSIBLE CAUSE OF THAT REJECT AND HOW IT OCCURRED</b>
<input type="checkbox"/> Work Instruction :			<input type="checkbox"/> Applicable
<input type="checkbox"/> Job Order :			<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Reports :			
<input type="checkbox"/> 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 checked="" 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	Person In Charge
<input type="checkbox"/> For Rework	Target Date
	Signature

Remarks:

JUDGEMENT

(If subject is for issuance of IRF / CAR)

FOR 5 WHY ISSUANCE  
 FOR CAR ISSUANCE  
 FOR IRF ISSUANCE

Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
J.VISDA	R.MANALO			
QA Inspector	QA 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 _____

Note: All details must be filled out completely.

Submit this form to Line Leader immediately after accomplishment.

## V. Sorting Instructions

## VI. 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								

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

	Reason	Total Quantity	Remarks	Received by
Pull-Out				
For Transfer				

## VIII. Reworking Instructions

## IX. 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				

## X. 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		Noted by		Approved by		
QA Inspector		QA Line Leader/Sub-Leader		QA Supervisor		QA Head		

Note: All details must be filled out completely.

Submit this form to Line Leader immediately after accomplishment.