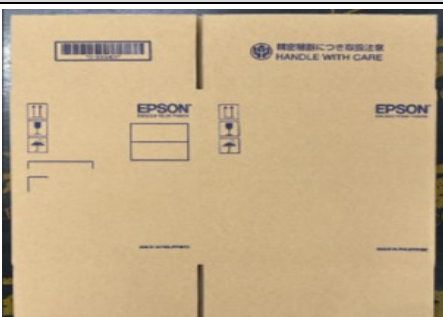



### I. Item Information

Item Code	5150864-01	Customer	EPSON PRECISION (PHILIPPINES), INC. - IJP
Item Description	INDIVIDUAL BOX (SILANE)	Delivery Date	2025/10/06
Inspection Date	2025/10/03	Inspection Time	<b>1240H - 0500H</b>
Lot Quantity	2900	Job Order Number	1. JOL-0016953
Affected Quantity	72	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	2.48% <div>24,828 PPM</div>	Date Received	2025/10/03
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SD1800/SHIFT B
Problem Description	<b>PEEL OFF</b>	Delivery Receipt Number	254190

## II. Visual Reference (Defect Illustration)

GOOD	NO GOOD
<p>ITEM SHOULD BE NO PEEL OFF IN ACTUAL APPERANCE AS GOOD CONDITION AND TOLERANCE</p> 	

### 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 <b>PEEL OFF</b>
<input type="checkbox"/> Procedure Manual :		Actual:	<b>PEEL OFF OCCUR ON UPPER FLAP CLASS B</b>
<input type="checkbox"/> Technical Drawing :			
<input type="checkbox"/> Work Instruction :			
<input type="checkbox"/> Job Order :		Conclusion and Recommendation:	<b>CHECK THE SAMPLING DURING MASS PRODUCTION AND THE SET-UP BEFORE START THE PROCESS</b> <input type="checkbox"/> Applicable <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)

<b>V. Final Disposition</b>
-----------------------------

<input type="checkbox"/> Good	<input type="checkbox"/> Conditional (Please indicate details)	<input checked="" type="checkbox"/> Rejected	<input type="checkbox"/> Conditional (Please indicate details)						
<input checked="" 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							
		<input type="checkbox"/> For Sorting							
		<input type="checkbox"/> For Rework	<table><tr><th>Person In Charge</th><th>Target Date</th><th>Signature</th></tr><tr><td></td><td></td><td></td></tr></table>	Person In Charge	Target Date	Signature			
Person In Charge	Target Date	Signature							

Remarks:

**DUE TO UNCUT THAT CAUSSES PEEL OFF**

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
S.BASMAN	R.MANALO			
QA Inspector	QA Line Leader	ME Head	QA Head	QA Staff

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

# ABNORMALITY REPORT

## 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.*