

## I. Item Information

Item Code	PKC404B-B	Customer	SUPERFLEX (KOYAMA)
Item Description	INNER BOX	Delivery Date	250712
Inspection Date	250712	Inspection Time	7:00 AM
Lot Quantity	4,520 PCS	Job Order Number	JO25-M-02428-3
Affected Quantity	180 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	3.98% 39,823 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2
Problem Description	MISALIGNED PRINT	Delivery Receipt Number	N/A

## II. Visual Reference (Defect Illustration)

### III. Documented Information Review (To be filled out by Qa Line Leader)

Related Doc. Info.		Control Number	Requirement:	NO MISALIGN PRINT	
<input checked="" type="checkbox"/>	Procedure Manual :	PM-QA-018			
<input checked="" type="checkbox"/>	Technical Drawing :	KOY-0091-01AB	Actual:	WITH MISALIGNED PRINT	
<input checked="" type="checkbox"/>	Work Instruction :	WI-QA-001-010			
<input checked="" type="checkbox"/>	Job Order :	JO25-M-02428-3	Conclusion or Recommendation:		
<input checked="" type="checkbox"/>	Reports :	AR2025-07-048		REJECT	
<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)**

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"/> Conditional (Please indicate details)	
<input 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	Person In Charge	Target Date
		<input type="checkbox"/> For Sorting		
		<input type="checkbox"/> For Rework		

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

### **Important: Backloading Policy (External Provider Projects)**

**Rejects)**  
Rejection rate that is more than 80% of the total quantity shall be approved by Top Management before backloading

*Note: All details must be filled out completely.*

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*Submit this form to Line Leader immediately after accomplishment.*

## 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

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				

## XI. Reworking 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					

Note: All details must be filled out completely.

Submit this form to Line Leader immediately after accomplishment.



Kanepackage Philippine Inc.

OK

100 X 3

1120

960

1050

1009

MEMO: Koyama

PR-001-F12-REV.00

## JOB ORDER

Maria Cecilia Salmorin Boncalos  
SO #: SO25-M-02428

Customer : SUPER FLEX LOGISTIC INC.

ITEM CODE: PKC404B-B

Netsuite Itemcode : PKC404B-B

JOB ORDER:

JO25-M-02428-3



Item Description : PKC404B-B INNER BOX

QTY:	DELIVERY DATE:	CREATED BY:	DATE RELEASED:
4600	2025-07-12	Tuiza, Jecille Maduro	2025-07-09

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Serial No:	DR#:	SUPPLIER:
505X855 EF TX200	1150	5	N/A	1155	362133	S.C.P

Tooling Ref# -

0-0-240

Ctrl/Batch #:

RM Issued By:

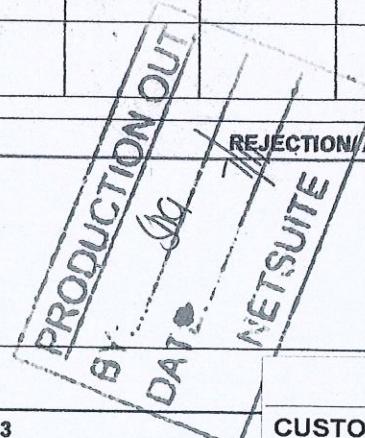
7-10-25

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN	REJECTED QTY		REMARKS
		Operator	ME/QA			INHOUSE	SUPPLIER	
1. ECO8	7/10	PEMRE	7/10/2025	1154	2/1			
					G R			
2. DIECUT ETERNA	7/11	GBJ	Januar 7/11	1138	2/12			
					G R			
3. DETACHING 1	7/11	NS	mt	4,552				
					G R			
4. GLUING SD 1800	7/11	Jessa Reginal Donald	7/11/2025	4520	02			
					G R			
5. LOT NUMBERING	7/11		Sh	1153				
					G R			
6. SCREENING	7/11	Tan Lee Jay	7/11/2025	4331				
					G R			
7.								
8.								
9.								

## REJECTION/ABNORMALITY HISTORY

Customer Claim:

Notes:



REMARKS

PROD PLAN: ADD #6 PLAN 2025-193

KANE PACKAGE PHILIPPINE, INC.

CUSTOMER	SUPERFLEX LOGISTICS INC.
ITEM CODE	PKC404B-B
ITEM DESCRIPTION	INNER BOX
Lot NO.	250712-JO25-M-02428-3
QUANTITY	400 pcs.

7/12/24 ROHS OK

QA-CG3148  
MP

PASSED INSPECTION



**SCREENING INSPECTION REPORT  
(CORRUGATED AND MOULDED ITEMS)**

Control No.

**SQB-07-001009****I. Item Information**

Customer	SUPERFLEX	Inspection Date	250712	Shift <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	LAGUNA	Delivery Date	250712	
Item Code	PKC404B-B	Job Order No.	JO25-M-02428-3	
Item Description	PKC404B-B INNER BOX	Job Order Qty.	4,600	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	00	Delivery Receipt No.	362133	
External Provider	SLP	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input checked="" type="checkbox"/> SD1800	

**II. Dimensional Inspection**

Time Conducted Sample #1: 6:30				Time Conducted Sample #2: 8:00				Time Conducted Sample #3: 8:30			
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	95	+/-	95	95	95	16					
2	81	+/-	81	81	81	17					
3	81	+/-	81	81	81	18					
4	15	+/-	15	15	15	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:  Meter Tape  Moisture Content Tester  Zahn Cup  Stopwatch  
 Thickness Gauge  Weighing Scale  Steel Ruler  Caliper Control Number of Measuring Tool Used: **M-M016-223**

**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	3		3	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	4	2	2	C. CORRUGATED PALLET		External Provider	Total Quantity
Uneven Kraft liner							
Warpage				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)				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		External Provider	Total Quantity
Smeared Print							
Other Print Defect: <u>misaligned print</u>	180	180		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>oil stain</u>	2	2		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	1	1		Wet / Moist	N/A	N/A	N/A
Punctured				Dirt	N/A	N/A	N/A
Tear-off	2	2		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

Total = 190



KANE PACKAGE PHILIPPINE INC.

**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	✓			Corrugated	TDXW	✓	
					Flute			
STITCHED (Inside or Outside)		NB			Others		NB	

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

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

Requirement	Actual	Good	No Good	Scan 1	Scan 2	Good	No Good
	N/A				N/A	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

## VI. Inspection Result

## VII. Sampling Inspection Result

VII. Sampling Inspection Result					
Total Qty Inspected	4510	Defect Rate Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$	Total Sampling Qty Inspected		
Total Qty Good	4330		Total Sampling Qty Good		
Total Qty NG	190		Total Sampling Qty NG		
Defect Rate	in %	PPM Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$	Defect Rate	in %	
	in PPM	9.206420354		in PPM	

## **VIII. Disposition**

Good       For Special Acceptance  
 Backload       Conditional (Please indicate details)  
 For Sorting  
 For Reward

Abnormality Report Control No.: AR2025-07-048

## IX. Remarks

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
I. Leonardo   <i>See Log</i>	<i>Debbie</i>		<i>John</i>
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		
				R&R Staff
				Received by (Signature over Printed Name)
Total				QA Inspector

## XI. Overall Inspection Time

## CORRUGATED AND MOULDED ITEMS