

KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No.	
				AR2025-08-073	
I. Item Information					
Item Code	FJ8-0057-000	Customer	CBMP		
Item Description	FIXING ASSEMBLY FX-102	Delivery Date	250820		
Inspection Date	250822	Inspection Time	6:30 AM		
Lot Quantity	8,175 PCS	Job Order Number	JO-TO-IPD-25-00216-1		
Affected Quantity	159 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	1.94%      19,449 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2		
Problem Description	DENT MARK	Delivery Receipt Number	N/A		
II. Visual Reference (Defect Illustration)					
GOOD			NO GOOD		
NO DENT MARK					
III. Documented Information Review (To be filled out by Qa Line Leader)					
Related Doc. Info.      Control Number <input checked="" type="checkbox"/> Procedure Manual :      PM-QA-018 <input checked="" type="checkbox"/> Technical Drawing :      CBM-0901-01AB <input checked="" type="checkbox"/> Work Instruction :      WI-QA-001-010 <input checked="" type="checkbox"/> Job Order :      JO-TO-IPD-25-00216-1 <input checked="" type="checkbox"/> Reports :      AR2025-08-073 <input checked="" type="checkbox"/> Defect Limit :      CBMP DEFECT LIMIT		Requirement: NO DENT MARK  Actual: WITH DENT MARK  Conclusion or Recommendation: REJECT	<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 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"/> Good <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework	Person In Charge  	Target Date  	Signature  
Remarks:  - ACTUAL DENT IN 800-900mm			JUDGEMENT <small>(If subject is for issuance of IRF / CAR)</small> <input type="checkbox"/> FOR 5 WHY ISSUANCE <input type="checkbox"/> FOR CAR ISSUANCE <input checked="" type="checkbox"/> 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: Backloading Policy (External Provider Rejects)</b> 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"/> >80% Need		<input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____	
		Top Management			

*Note: All details must be filled out completely.  
Submit this form to Line Leader immediately after accomplishment.*

# ABNORMALITY REPORT

## 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

MEMO: IPD

Soriano, Nico Boy Ferrer  
SO #: TO-IPD-25-00216

PR-001-F12-REV.00

Customer : CANON BUSINESS MACHINE PHILS.

JOB ORDER:



ITEM CODE: FJ8-0057-000-RMFG

JO-TO-IPD-25-00216-1

Netsuite Itemcode : FJ8-0057-000-RMFG

Item Description : FIXING ASSEMBLY, FX-102

QTY: 8180	DELIVERY DATE: 2025-08-20	CREATED BY: Tuiza, Jecille Maduro	DATE RELEASED: 2025-08-13
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Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
1186X1014 BF TX200	8180	20	N/A	8145 + 41	208712	FW

Tooling Ref# - H-31B R-1-P208

Ctrl/Batch #:

RM Issued By:

Elmer 8/19

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	8/19	PMEW	2A8/19	8184	2	2			
2. DIECUT S1700	08/19	BSE	2A8/19	7260 980	3	2			ETERNA 8/19
3. DETACHING 1	8/10	NS		2701930 2527 JW 1527		5			
4. LOT NUMBERING	8/20 8/21		Done	3200 1000 7027	G	R			
5. SCREENING	8/20		Jon	1930	G	R	54		
6.	08/20		Jon	1000	G	R	15		
7.	8/21		Jon R. U Alvin	5054			122	3.15	280821 8/73
8.				7984			191	3.15	250821 7984
9.								3.15	280821 791

QUALITY ASSURANCE DEPARTMENT

REJECTION/ ABNORMALITY HISTORY

Customer Claim:

Notes:

REMARKS

PROD PLAN: ADD #0 PLAN 2025-232

1930 - OA - JM 8/20  
1025 - TO OA JW 8/20  
2527 OA - JM 8/21

CANON BUSINESS MACHINE PHILS. INC.

Item Code  
FJ8-0057-000

Quantity  
500 pcs.

Item Description  
FIXING ASSEMBLY, FX-102

Supplier's QC  
PASSED  
INSPECTION  
RoHS OK  
QA-CG3148

Lot No. / Ref. NO.  
250821-00216-1

IPD

KANEPACKAGE PHILIPPINE INC.





KANE PACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT  
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-08-001726

## I. Item Information

Customer	CANON BUSINESS MACHINE PHILS.	Inspection Date	250820	Shift:	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	250820		
Item Code	FJ8-0057-000-RMFG	Job Order No.	JO-TO-IPD-25-00216-1		
Item Description	FIXING ASSEMBLY, FX-102	Job Order Qty.	8,180		
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling		
Drawing Revision No.	00	Delivery Receipt No.	208472		
External Provider	PW	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing		
			<input type="checkbox"/> SD1800		

## II. Dimensional Inspection

Time Conducted Sample #1:	10:00	Time Conducted Sample #2:	1:00	Time Conducted Sample #3:	1:30						
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	987	1/3	487	487	487	16					
2	224		226	226	226	17					
3	21		21	21	21	18					
4	20.24	1/5	20.24	21	21	19					
5	20.26		20.26	21	21	20					
6	20.24		20.24	21	21	21					
7	17.7		17.7	18	18	22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Measuring <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: 04-M016-223
Tool Used: <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				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	In-house	External Provider	Total Quantity
Uneven Kraft liner				Color of Carton (Discoloration)	N/A	N/A	N/A
Warpage				Flute of Material	N/A	N/A	N/A
Cracking on edge				Type of Adhesion	N/A	N/A	N/A
Bursting / Bursting on Edge (Crowfeet)				Adhesion of Runner	N/A	N/A	N/A
Wrong die-cut orientation				Rusty Wire	N/A	N/A	N/A
Inverted die-cut				Wrong Orientation	N/A	N/A	N/A
Close Gap/ Wide Gap				Damages:	N/A	N/A	N/A
Print Color:				Others:	N/A	N/A	N/A
Missing Print/ Character				D. MOULDED ITEMS	In-house	External Provider	Total Quantity
Blotted Print				Poor Fusion	N/A	N/A	N/A
Smeared Print				Chip Off	N/A	N/A	N/A
Other Print Defect: Wrong printing orientation 1			1	Warp / Deform	N/A	N/A	N/A
Linemark				Crack	N/A	N/A	N/A
Fish-eye				Broken	N/A	N/A	N/A
Stain:				Scratches	N/A	N/A	N/A
Excess Glue				Foreign Materials	N/A	N/A	N/A
Gluing Defect:				Wet / Moist	N/A	N/A	N/A
Worn-out				Dirt	N/A	N/A	N/A
Dent				Stain:	N/A	N/A	N/A
Punctured				Discoloration	N/A	N/A	N/A
Tear-off				Excess Flashes	N/A	N/A	N/A
Peel-off				Others:	N/A	N/A	N/A
Damages:							
Others: spl/so waste	1		1				

Total = 59

## 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)	N/A			Corrugated	TS/BD BF	/	
STITCHED (Inside or Outside)				Flute	TS/BD BF		
				Others	N/A		
IV. Destructive Test (Based on Customer Requirement)				V. Barcode Print (If Only with Printed Barcode on Item)			
Requirement	Actual	Good	No Good	Scan 1	N/A	<input type="checkbox"/> Good	<input type="checkbox"/> No Good
	N/A			Scan 2		<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				VII. Sampling Inspection Result			
Total Qty Inspected	1984	Defect Rate Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$		Total Sampling Qty Inspected	N/A		
Total Qty Good	1930						
Total Qty NG	54						
Defect Rate in %	2.72%	PPM Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$		Defect Rate in %			
in PPM	2727						
VIII. Disposition				IX. Remarks			
<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.: AN0025-08-073							
Inspected by	Checked by	Approved by (If there are major concerns)		Verified by (If there are major concerns)			
Leonardo	Allen			for [Signature] 20022			
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					
Total				R&R Staff Received by (Signature over Printed Name)  QA Inspector			

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<b>KANEPACKAGE PHILIPPINE INC.</b>		<b>SCREENING INSPECTION REPORT</b> <b>(CORRUGATED AND MOULDED ITEMS)</b>		Control No. <b>SQA-08-001726</b>	
<b>I. Item Information</b>					
Customer	CANON BUSINESS MACHINE PHILS.		Inspection Date	250820 Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night	
Location	FPIP		Delivery Date	250820	
Item Code	FJ8-0057-000-RMFG		Job Order No.	JO-TO-IPD-25-00216-1	
Item Description	FIXING ASSEMBLY, FX-102		Job Order Qty.	8,180	
Model	N/A		Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	00		Delivery Receipt No.	208712	
External Provider	paw		Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input type="checkbox"/> SD1800	
<b>II. Dimensional Inspection</b>					
Time Conducted Sample #1: 00:25			Time Conducted Sample #2: 01:00		Time Conducted Sample #3: 01:15
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	484	7.5	488	489	488
2	220		225	225	226
3	211		210	212	211
4	20.24		21	21	20
5	20.24	5	21	20	20
6	20.24		21	21	20
7	17.2		17	18	17
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
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 <input type="checkbox"/> Thickness Gauge <input type="checkbox"/> Weighing Scale <input type="checkbox"/> Steel Ruler <input type="checkbox"/> Caliper		Control Number of Measuring Tool Used: 75-25075-013		
<b>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)</b>					
<b>A. CORRUGATED ITEM / BOX / DANPLA</b>		In-house	External Provider	Total Quantity	
Scoring					
Grain Direction					
Paper Shade (Off Color)					
Bubbles					
Blister					
Wrinkle					
Delamination					
Uneven Kraft liner					
Warping					
Cracking on edge					
Bursting / Bursting on Edge (Crowfeet)					
Wrong die-cut orientation					
Inverted die-cut					
Close Gap/ Wide Gap					
Print Color : _____					
Missing Print/ Character					
Blotted Print					
Smeared Print					
Other Print Defect : _____					
Linemark					
Fish-eye					
Stain : <u>bird stain</u>	2			2	
Excess Glue					
Gluing Defect : _____					
Worn-out					
Dent			10	10	
Punctured					
Tear-off	5			5	
Peel-off					
Damages : _____					
Others : _____					
<b>B. PALLET</b>		In-house	External Provider	Total Quantity	
Condition of Wood		N/A	N/A	N/A	
Rusty Nail		N/A	N/A	N/A	
Warping		N/A	N/A	N/A	
Fumigation Stamp		N/A	N/A	N/A	
Crack/ Damages		N/A	N/A	N/A	
Others		N/A	N/A	N/A	
<b>C. CORRUGATED PALLET</b>		In-house	External Provider	Total Quantity	
Color of Carton (Discoloration)		N/A	N/A	N/A	
Flute of Material		N/A	N/A	N/A	
Type of Adhesion		N/A	N/A	N/A	
Adhesion of Runner		N/A	N/A	N/A	
Rusty Wire		N/A	N/A	N/A	
Wrong Orientation		N/A	N/A	N/A	
Damages : _____		N/A	N/A	N/A	
Others : _____		N/A	N/A	N/A	
<b>D. MOULDED ITEMS</b>		In-house	External Provider	Total Quantity	
Poor Fusion		N/A	N/A	N/A	
Chip Off		N/A	N/A	N/A	
Warp / Deform		N/A	N/A	N/A	
Crack		N/A	N/A	N/A	
Broken		N/A	N/A	N/A	
Scratches		N/A	N/A	N/A	
Foreign Materials		N/A	N/A	N/A	
Wet / Moist		N/A	N/A	N/A	
Dirt		N/A	N/A	N/A	
Stain : _____		N/A	N/A	N/A	
Discoloration		N/A	N/A	N/A	
Excess Flashes		N/A	N/A	N/A	
Others : _____		N/A	N/A	N/A	

[illegible]



KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT  
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQA-08-001726

## I. Item Information

Customer	OANON BUSINESS MACHINE PHILS.	Inspection Date	150820	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Night
Location	FPIP	Delivery Date	250820	
Item Code	FJ8-0057-000-RMFG	Job Order No.	JO-TO-IPD-25-00216-1	
Item Description	FIXING ASSEMBLY, FX-102	Job Order Qty.	8,180	
Model	N/A	Inspection Method	<input type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	00	Delivery Receipt No.	2082 R	
External Provider	pw	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing	
			<input type="checkbox"/> SD1800	

## II. Dimensional Inspection

Time Conducted Sample #1:	6:10	Time Conducted Sample #2:	8:08	Time Conducted Sample #3:	9:50						
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	483	1	483	483	483	16					
2	24	1	24	24	24	17					
3	24	1	24	24	24	18					
4	20.24	1	20.24	20.24	20.24	19					
5	20.24	1	20.24	20.24	20.24	20					
6	20.24	1	20.24	20.24	20.24	21					
7	17.3	1	17.3	17.3	17.3	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 ☐ Control Number of Measuring Tool Used: 14018-223  
☐ Thickness Gauge ☐ Weighing Scale ☐ Steel Ruler ☐ 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	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				C. CORRUGATED PALLET	In-house	External Provider	Total Quantity
Uneven Kraft liner				Color of Carton (Discoloration)	N/A	N/A	N/A
Warping				Flute of Material	N/A	N/A	N/A
Cracking on edge				Type of Adhesion	N/A	N/A	N/A
Bursting / Bursting on Edge (Crowfeet)				Adhesion of Runner	N/A	N/A	N/A
Wrong die-cut orientation				Rusty Wire	N/A	N/A	N/A
Inverted die-cut				Wrong Orientation	N/A	N/A	N/A
Close Gap/ Wide Gap				Damages:	N/A	N/A	N/A
Print Color:				Others:	N/A	N/A	N/A
Missing Print/ Character				D. MOULDED ITEMS	In-house	External Provider	Total Quantity
Blotted Print				Poor Fusion	N/A	N/A	N/A
Smeared Print				Chip Off	N/A	N/A	N/A
Other Print Defect: Wrong printing orientation I			1	Warp / Deform	N/A	N/A	N/A
Linemark				Crack	N/A	N/A	N/A
Fish-eye			5	Broken	N/A	N/A	N/A
Stain: paper stain			3	Scratches	N/A	N/A	N/A
Excess Glue				Foreign Materials	N/A	N/A	N/A
Gluing Defect:				Wet / Moist	N/A	N/A	N/A
Worn-out	4	100	100	Dirt	N/A	N/A	N/A
Dent	1	100	100	Stain:	N/A	N/A	N/A
Punctured	1	1	1	Discoloration	N/A	N/A	N/A
Tear-off	2	1	1	Excess Flashes	N/A	N/A	N/A
Peel-off	2	1	1	Others:	N/A	N/A	N/A
Damages:							
Others:							

Total = 122

# **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)	<i>MA</i>			Corrugated	<i>12000</i>	<i>12000</i>	
STITCHED (Inside or Outside)				Flute	<i>DF</i>	<i>BF</i>	<i>1</i>
				Others	<i>MA</i>		

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	<input type="checkbox"/> Good	<input type="checkbox"/> No Good
	<i>MA</i>				<i>MA</i>	<input type="checkbox"/> Good	<input type="checkbox"/> No Good
						<input type="checkbox"/> Good	<input type="checkbox"/> No Good
						<input type="checkbox"/> Good	<input type="checkbox"/> No Good

VI. Inspection Result			VII. Sampling Inspection Result		
Total Qty Inspected	<i>576</i>	<b>Defect Rate Formula:</b> $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$ <b>PPM Formula:</b> $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$	Total Sampling Qty Inspected		
Total Qty Good	<i>5059</i>		Total Sampling Qty Good		
Total Qty NG	<i>707</i>		Total Sampling Qty NG		
Defect Rate in %	<i>236</i>		Defect Rate in %		
Defect Rate in PPM	<i>4023570.3</i>		Defect Rate in PPM		

VIII. Disposition		IX. Remarks
<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>A12025-08-093</u>		

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
<i>I. Remando</i>	<i>7</i>		<i>240822</i>
QA Screening Inspector	QA Line Leader	QA Supervisor / QA Asst. Supervisor	QA Head

X. Reject & Reworks Item Verification			
Defect	Verification Quantity		Remarks:
	Good	No-Good	
<i>MA</i>			
Total			

XI. Overall Inspection Time							
CORRUGATED AND MOULDED ITEMS							
Date	No. of Manpower	Qty	Time Start	Time End	Downtime	Total	Cause of Downtime
			<i>MA</i>	<i>MA</i>			