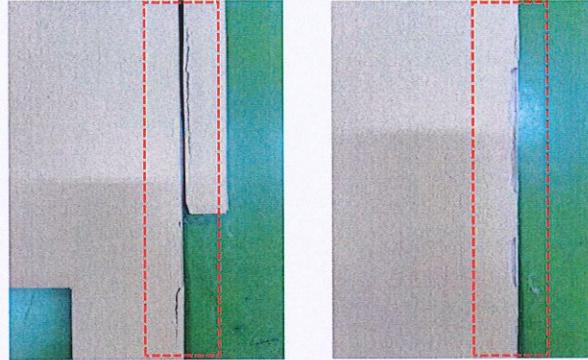


## I. Item Information

Item Code	3CB-0059-000	Customer	CBMP
Item Description	PARTITION	Delivery Date	250913
Inspection Date	250913	Inspection Time	1:00 AM
Lot Quantity	3,008 pcs.	Job Order Number	JO-F-25-1068-7
Affected Quantity	96 pcs.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	3.19% 31,914 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2
Problem Description	BURSTING	Delivery Receipt Number	N/A

## II. Visual Reference (Defect Illustration)

GOOD	NO GOOD
	

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

Related Doc. Info. <input checked="" type="checkbox"/> Procedure Manual : <input checked="" type="checkbox"/> Technical Drawing : <input checked="" type="checkbox"/> Work Instruction : <input checked="" type="checkbox"/> Job Order : <input checked="" type="checkbox"/> Reports : <input checked="" type="checkbox"/> Defect Limit :	Control Number	Requirement:	INNER PORTION - ACCEPTABLE UP TO A MAXIMUM OF 100MM LENGTH X 5MM WIDTH AND MAXIMUM OF 2 OCCURRENCE				
	PM-QA-018		Actual:	BURSTING MORE THAN 100MM LENGTH WITH DAMAGE LINER.			
	CBMP-0788-01AC2						
	WI-QA-001-010	Conclusion or Recommendation:					
	JO-F-25-1068-7						
	AR2025-09-039		<input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable				
	CBMP DEFECT LIMIT		<input type="checkbox"/> REJECT				

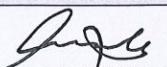
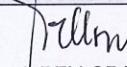
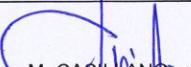
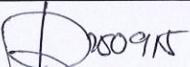
## IV. Initial Disposition (To be filled out by ME Department If Needed)

<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

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	 D. DO ORTIZ
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.

## 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				

## 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.

10/3  
a

PR-001-F12-REV.00

MEMO: -None-

Tiquis, Jelica Reney  
SO # : TO-F-25-1068 rev.01

## JOB ORDER

Customer : CANON BUSINESS MACHINE PHILS.

JOB ORDER:



ITEM CODE: **3CB-0059-000**

Netsuite Itemcode : 3CB-0059-000-RMFG

JO-F-25-1068-7

Item Description : PARTITION

QTY: <b>3000</b>	DELIVERY DATE: 2025-09-13	CREATED BY: Javier, Charlotte Nicole	DATE RELEASED: 2025-09-06
------------------	---------------------------	--------------------------------------	---------------------------

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
1200X1365 CF TX200	750	2	1100X1102MM CF	752	86422	QCB

Tooling Ref# E6-30 - 30S

Ctrl/Batch #:

RM Issued By: Elmer 9/12

PROCESS / MACHINE	DATE	IN-CHARGE Operator	GOOD QTY	TRIAL RUN	REJECTED QTY INHOUSE	REJECTED QTY SUPPLIER	REMARKS
1. SLITTER BIG	9/12	SL	752	1 G R			
2. DIECUT ETERNA	9/13	GRBPR	752	G R			
3. DETACHING 1	9/13	VS	7008	G R			
4. LOT NUMBERING	9/13	DAWN	3000	G R			
5. SCREENING	09-13	Tom Joseph testew	2886	G R	96122		
6.				G R			
7.				G R	214	280913	
8.				G R	214	3008	
9.				G R	214	280913	

### REJECTION/ ABNORMALITY HISTORY

Customer Claim:

Notes:

PRODUCTION OUT

HOUSE OUT

REMARKS

PROD PLAN: ADD #0 PLAN 2025-256

BY: RENE PALERMO  
DATA: Job Controller

NETSUITE

KANE PACKAGE PHILIPPINE, INC. REV.00  
CUSTOMER: CANON BUSINESS MACHINE PHILS. INC.  
ITEM CODE: 3CB-0059-000  
ITEM DESCRIPTION: PARTITION  
ITEM SIZE: 1100X1102MM CF  
LOT NUMBER: 250913-JO-F-25-1068-7  
QUANTITY: 25 PCS.  
RoHS OK  
QA-CG3148  
QA PASSED  
MP





KANE PACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT  
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-09-001013

## I. Item Information

Customer	CANON BUSINESS MACHINE PHILS.	Inspection Date	280913	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Delivery Date			250913	
Job Order No.			JO-F-25-1068-7	
Job Order Qty.			3,000	
Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling			
Delivery Receipt No.			86411	
Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input type="checkbox"/> SD1800			

QCP

## II. Dimensional Inspection

Time Conducted Sample #1: 1:00			Time Conducted Sample #2: 1:30			Time Conducted Sample #3: 2:40					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	531	+3	531	531	531	16					
2	530	+3	530	530	530	17					
3	325	+2	326	326	326	18					
4	106	+2	101	101	101	19					
5	205	+3	203	203	203	20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Measuring  Meter Tape  Moisture Content Tester  Zahn Cup  Stopwatch Control Number of Measuring Tool Used:  
Tool Used:  Thickness Gauge  Weighing Scale  Steel Ruler  Caliper M-1018-223

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
				Condition of Wood	Rusty Nail			
Scoring	6		6	Warping	N/A	N/A	N/A	N/A
Grain Direction				Fumigation Stamp	N/A	N/A	N/A	N/A
Paper Shade (Off Color)				Crack/ Damages	N/A	N/A	N/A	N/A
Bubbles				Others	N/A	N/A	N/A	N/A
Blister				C. CORRUGATED PALLET		In-house	External Provider	Total Quantity
Wrinkle				Color of Carton (Discoloration)	N/A			
Delamination	4		4	Flute of Material	N/A			
Uneven Kraft liner				Type of Adhesion	N/A			
Warpage				Adhesion of Runner	N/A			
Cracking on edge				Rusty Wire	N/A			
<u>Bursting</u> / Bursting on Edge (Crowfeet)	96		96	Wrong Orientation	N/A			
Wrong die-cut orientation				Damages: _____	N/A			
Inverted die-cut				Others: _____	N/A			
Close Gap/ Wide Gap				D. MOULDED ITEMS		In-house	External Provider	Total Quantity
Print Color: _____				Poor Fusion	N/A			
Missing Print/ Character				Chip Off	N/A			
Blotted Print				Warp / Deform	N/A			
Smeared Print				Crack	N/A			
Other Print Defect: _____				Broken	N/A			
Linemark				Scratches	N/A			
Fish-eye	2		2	Foreign Materials	N/A			
Stain: _____				Wet / Moist	N/A			
Excess Glue				Dirt	N/A			
Gluing Defect: _____				Stain: _____	N/A			
Worn-out				Discoloration	N/A			
Dent	9		9	Excess Flashes	N/A			
Punctured				Others: _____	N/A			
Tear-off	5		5					
Peel-off								
Damages: _____								
Others: _____								



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)		N/A			Corrugated	TXW	TXW	✓	
STITCHED (Inside or Outside)					Flute	CF	CF	✓	
					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	Good	No Good
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
				BQICS Compliance (For Epson items only)	<input type="checkbox"/>	<input type="checkbox"/>

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

VI. Inspection Result		VII. Sampling Inspection Result	
Total Qty Inspected	3008	Defect Rate Formula:	
Total Qty Good	2886	$\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$	Total Sampling Qty Inspected
Total Qty NG	122	PPM Formula:	Total Sampling Qty Good
Defect Rate in % in PPM	4.06% 405585	$\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$	Total Sampling Qty NG
		Defect Rate in % in PPM	M

## VI. Inspection Result

Inspection Result		VII. Sampling Inspection Result		
Total Qty Inspected	3008	Defect Rate Formula: Total Quantity NG Total Qty. Inspected x100	Total Sampling Qty Inspected	
Total Qty Good	2886		Total Sampling Qty Good	
Total Qty NG	122		Total Sampling Qty NG	M
Defect Rate in % in PPM	4.06% 405585	PPM Formula: Total Quantity NG Total Qty. Inspected x1,000,000	Defect Rate in % in PPM	

## **VII. Sampling Inspection Result**

<b>VIII. Disposition</b>		<b>IX. Remarks</b>
<input 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.: AR2025-001-0301		

## **VIII. Disposition**

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

## IX. Remarks

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
I. Leonardi, Joseph QA Screening Inspector	S. Miller QA Line Leader	QA Supervisor / QA Asst. Supervisor	C. M. 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)
				QA Inspector
Total				

## XI. Overall Inspection Time