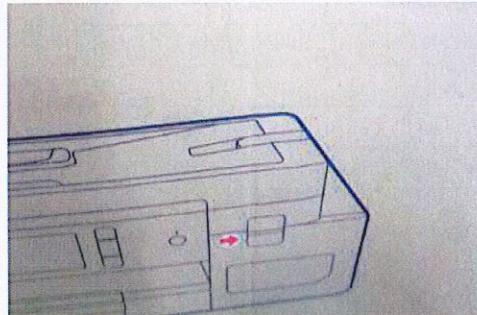


## I. Item Information

Item Code	D037LJ001	Customer	BROTHER
Item Description	CARTON DCP-J4250N JPN	Delivery Date	251022
Inspection Date	251022	Inspection Time	12PM
Lot Quantity	1,000 PCS	Job Order Number	JO25-M-03105-46
Affected Quantity	19 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	1.90% 19,000 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2
Problem Description	SCORING	Delivery Receipt Number	N/A

## II. Visual Reference (Defect Illustration)

GOOD	NO GOOD
NO SCORING	

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

Related Doc. Info.	Control Number	Requirement:	ACCEPTABLE 1 PC LIGHT SCORING REGARDLESS OF SIZE. NO WHITENING
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018		
<input checked="" type="checkbox"/> Technical Drawing :	BIP-0869-01	Actual:	LIGHT SCORING END TO END. WITH WHITENING
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010		
<input checked="" type="checkbox"/> Job Order :	JO25-M-03105-46	Conclusion or Recommendation:	<input checked="" type="checkbox"/> Applicable
<input checked="" type="checkbox"/> Reports :	AR2025-10-062		<input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Defect Limit :	BIPH 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 type="checkbox"/> Rejected	<input type="checkbox"/> Conditional (Please indicate details)
<input type="checkbox"/> Rejected		<input type="checkbox"/> Backload	
<input type="checkbox"/> Backload		<input type="checkbox"/> Good	If item is for sorting, for backload, or for rework, fill-out below,
		<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
QA Inspector	QA Line Leader	ME Head	QA Head	QA Staff
Important: Backloading Policy (External Provider Rejects)		Evaluation	Approved by	Final Disposition
Rejection rate that is more than 80% of the total quantity shall be approved by Top Management before backloading.		<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.

QA-003-F13 REV.08 Page 1 of 2



**KANEPACKAGE PHILIPPINE INC.**

## ABNORMALITY REPORT

## VII. Sorting Instructions

## VIII. Sorting Details

**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		

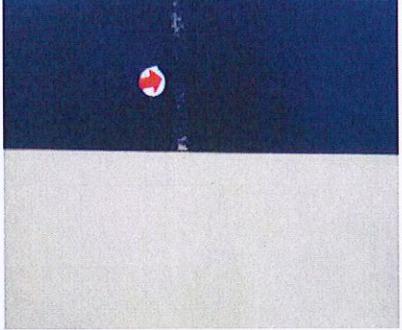
*Note: All details must be filled out completely.*

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

## I. Item Information

Item Code	D037LJ001	Customer	BROTHER
Item Description	CARTON DCP-J4250N JPN	Delivery Date	251022
Inspection Date	251022	Inspection Time	12PM
Lot Quantity	1,000 PCS	Job Order Number	JO25-M-03105-46
Affected Quantity	11 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	1.10% 11,000 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2
Problem Description	DENT	Delivery Receipt Number	N/A

## II. Visual Reference (Defect Illustration)

GOOD	NO GOOD
NO DENT	

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

Related Doc. Info.	Control Number	Requirement:	ACCEPTABLE REGARDLESS OF SIZE & QTY. AS LONG AS IT IS NOT DAMAGE
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018		
<input checked="" type="checkbox"/> Technical Drawing :	BIP-0869-01	Actual:	WITH DENT. PRINT ALREADY DAMAGED
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010		
<input checked="" type="checkbox"/> Job Order :	JO25-M-03105-46	Conclusion or Recommendation:	<input checked="" type="checkbox"/> Applicable
<input checked="" type="checkbox"/> Reports :	AR2025-10-063		<input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Defect Limit :	BIPH DEFECT LIMIT	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
J. ESPINOZA	A. FILIPINAS		M. CASILLANO 25/10/23	
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.

Important: Backloading Policy (External Provider Rejects)	Evaluation	Approved by	Final Disposition
	<input type="checkbox"/> <80% No Need		<input type="checkbox"/> Backload
	<input type="checkbox"/> >80% Need		<input type="checkbox"/> Accept

Note: All details must be filled out completely.

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

## 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		

Note: All details must be filled out completely.

Submit this form to Line Leader immediately after accomplishment.





# 5 \*\*\* UNCONTROLLED COPY FOR JES ORDER \*\*\*

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2025-10-17 Issued by: HAL

SURFACE TREATMENT  
OF THE PRINTING SIDE  
SHOULD BE WATERBASED VARNISH

DCP-J4250N

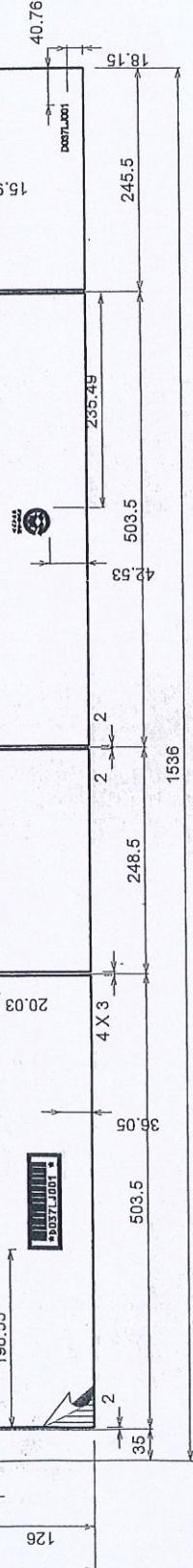
BOX SPECIFICATION	
Inner Dimension	498 X 243 X 446 mm
Outer Dimension	507 X 252 X 464 mm
Joint Flap	GLUING INSIDE
ILLUSTRATION	SMOOTH SURFACE
Bursting Strength	1250 kPa (12.75 kgf/cm <sup>2</sup> ) MIN
BCT	5037N (514kgf) MIN
ECT	
PRINT COLOR	1 2
Flexo	E-QS1 BLACK
Digital Print	
Offset	Varnish Coating
	WATER-BASED VARNISH



NOTES:

1. CUTTING LINE SHOULD BE WAVED (2-3P)
2. USE BLADE AND AUTO STRIPPER OF D034HL001
3. CARTON NO BRAND JP CH-A 2VBTB 13.9g

ITEM KEY : BIP-0700-01AB



DCP-J4250N

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DCP-J4250N

DCP-J4250N

DCP-J4250N

DCP-J4250N

DCP-J4250N

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SCREENING INSPECTION REPORT  
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-10-001450

## I. Item Information

Customer	BROTHER INDUSTRIES (PHILS.), INC.			Inspection Date	25/10/22	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS			Delivery Date	25/10/22	
Item Code	D037LJ001 VARNISH 1JOINT			Job Order No.	JO25-M-03105-46	
Item Description	CARTON DCP-J4250N JPN			Job Order Qty.	1,000	
Model	N/A			Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	03			Delivery Receipt No.	251927	
External Provider	TJ			Gluing Process	<input checked="" type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input type="checkbox"/> SD1800	

## II. Dimensional Inspection

Time Conducted Sample #1: 00:30			Time Conducted Sample #2: 10:10			Time Conducted Sample #3: 11:25					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	498		498	498	500	16					
2	143	+ 5	245	245	244	17					
3	446		445	447	445	18					
4	15.04		15	14	15	19					
5	15.02	+ 5	14	15	14	20					
6	199		180	180	179	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 25-10-22 - 020

## 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		19		19	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		2		2	Others		N/A	N/A	N/A
Delamination					C. CORRUGATED PALLET		In-house	External Provider	Total Quantity
Uneven Kraft liner							N/A	N/A	N/A
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 : <u>POW print</u>		4		6	Damages: _____		N/A	N/A	N/A
Missing Print/ Character					Others : _____		N/A	N/A	N/A
Blotted Print					D. MOULDED ITEMS		In-house	External Provider	Total Quantity
Smeared Print							N/A	N/A	N/A
Other Print Defect : _____					Poor Fusion		N/A	N/A	N/A
Linemark					Chip Off		N/A	N/A	N/A
Fish-eye		2		2	Warp / Deform		N/A	N/A	N/A
Stain : _____					Crack		N/A	N/A	N/A
Excess Glue					Broken		N/A	N/A	N/A
Gluing Defect : <u>Glue stain</u>		1		1	Scratches		N/A	N/A	N/A
Worn-out					Foreign Materials		N/A	N/A	N/A
Dent					Wet / Moist		N/A	N/A	N/A
Punctured		1		1	Dirt		N/A	N/A	N/A
Tear-off					Stain : _____		N/A	N/A	N/A
Peel-off		4		4	Discoloration		N/A	N/A	N/A
Damages : _____					Excess Flashes		N/A	N/A	N/A
Others : _____					Others : _____		N/A	N/A	N/A



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	inside	-		Corrugated	MPk710	NPk710	-
					Flute	EPF	ETP	-
STITCHED (Inside or Outside)	None				Others			

#### 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
19				DO37LT001		<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input checked="" type="checkbox"/>	<input type="checkbox"/>
				BQICS Compliance (For Epson items only)		<input type="checkbox"/>	<input checked="" type="checkbox"/>

## VI. Inspection Result

## VII. Sampling Inspection Result

V. Sampling Inspection Result	
Total Qty Inspected	524
Total Qty Good	485
Total Qty NG	41
Defect Rate in %	7.79%
Defect Rate in PPM	77946 PPM
Defect Rate Formula: Total Quantity NG Total Qty. Inspected x100	Total Sampling Qty Inspected
PPM Formula: Total Quantity NG Total Qty. Inspected x 1,000,000	Total Sampling Qty Good
Defect Rate in %	Total Sampling Qty NG
Defect Rate in PPM	

## VIII. Disposition

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

---

**Abnormality Report Control No.:**

## IX. Remarks

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
J. Scipinosa	Man		John

## 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