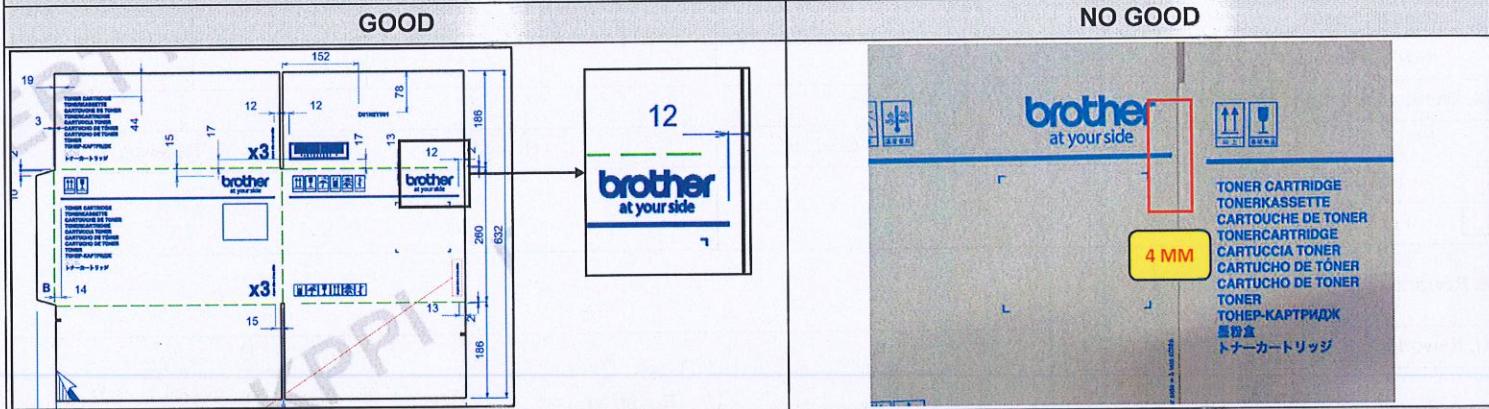


## I. Item Information

Item Code	D01N2Y001	Customer	BROTHER
Item Description	CARTON DEV UNIT EL X3	Delivery Date	260112
Inspection Date	260110	Inspection Time	4:00 PM
Lot Quantity	990 PCS.	Job Order Number	JO25-M-03790-7
Affected Quantity	35 PCS.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	3.53% 35,353 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 3
Problem Description	MISALIGN 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 :	BIP-0647-01AB	Actual:	MISALIGN PRINT
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010		
<input checked="" type="checkbox"/> Job Order :	JO25-M-C3790-7		
<input checked="" type="checkbox"/> Reports :	AR2026-01-011	Conclusion or Recommendation:	REJECT
<input checked="" type="checkbox"/> Defect Limit :	BROTHER DEFECT LIMIT		<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"/> 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. LAVADO	J. RELLORA		M. CASILANO	
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.

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

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	







KANE PACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT  
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-01-000397

## I. Item Information

Customer	BROTHER INDUSTRIES (PHILS.), INC.			Inspection Date	2018	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS			Delivery Date	260112	
Item Code	D01N2Y001			Job Order No.	JO25-M-03790-7	
Item Description	CARTON DEV UNIT EL X3			Job Order Qty.	1,000	
Model	N/A			Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	P900			Delivery Receipt No.	D0237	
External Provider				Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing	
					<input type="checkbox"/> SD1800	

## II. Dimensional Inspection

Time Conducted Sample #1: 2:30			Time Conducted Sample #2: 5:00			Time Conducted Sample #3: 9:30					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	456		456	456	456	16					
2	364		364	364	364	17					
3	251	+5	251	251	251	18					
4	15		15	15	15	19					
5	13		13	13	13	20					
6	14		14	14	14	21					
7	12		12	12	12	22					
8	78		78	78	78	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 00-23-97-019

## 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	/		1	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							
Warpage	N						
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				D. MOULDED ITEMS	In-house	External Provider	Total Quantity
Smeared Print							
Other Print Defect : _____							
Linemark							
Fish-eye							
Stain : _____							
Excess Glue							
Gluing Defect : _____							
Worn-out							
Dent							
Punctured	✓		✓	D. MOULDED ITEMS	In-house	External Provider	Total Quantity
Tear-off							
Peel-off	7		7				
Damages : <u>GHOSTING</u>	13		13				
Others : <u>misalign print</u>	35		35				



## KANEPACKAGE 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	Arts	Arts	✓	
					Flute	CE	CE	✓	
STITCHED (Inside or Outside)	✓	✓			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
<i>n</i>	<i>n</i>			<i>n</i>	<i>n</i>	<input type="checkbox"/>	<input type="checkbox"/>

## VI. Inspection Result

## VII. Sampling Inspection Result

Total Qty Inspected	990	Defect Rate Formula: Total Quantity NG Total Qty. Inspected x100	Total Sampling Qty Inspected
Total Qty Good	930		Total Sampling Qty Good
Total Qty NG	60		Total Sampling Qty NG
Defect Rate in %	6.06%	PPM Formula: Total Quantity NG Total Qty. Inspected x1,000,000	606 PPM
Defect Rate in PPM	(606.606 PPM)	Defect Rate in %	6.06%

### **VIII. Disposition**

## IX Remarks

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

Abnormality Report Control No.: AR2021-01-01

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
J. Anna	J. Bolton		C. Finch

## X. Reject & Reworks Item Verification

Defect	Verification Quantity		Remarks:	Verified by (Signature over Printed Name)
	Good	No-Good		
Total				

## XI. Overall Inspection Time

## CORRUGATED AND MOULDED ITEMS