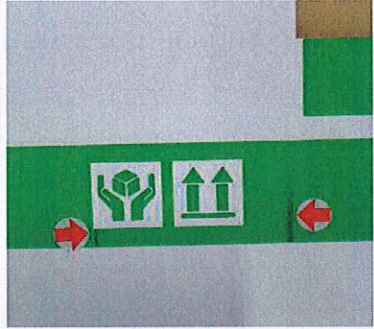


**I. Item Information**

Item Code	L00222433	Customer	NIDEC SUBIC
Item Description	NEV-D BOX	Delivery Date	260130
Inspection Date	260130	Inspection Time	3:40AM
Lot Quantity	2,000 PCS	Job Order Number	JO26-M-00160-1
Affected Quantity	40 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	2.00% 20,000 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 4
Problem Description	INK STAIN	Delivery Receipt Number	N/A

**II. Visual Reference (Defect Illustration)**

<p><b>GOOD</b></p> <p style="font-size: 2em; font-weight: bold;">NO INK STAIN</p>	<p><b>NO GOOD</b></p> 
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**III. Documented Information Review (To be filled out by Qa Line Leader)**

Related Doc. Info.	Control Number	Requirement:	ACCEPTABLE IF NOT VISIBLE ON ONE ARM INSPECTION
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	VISIBLE INK STAIN UP TO 15MM. 2 OCCURENCE
<input checked="" type="checkbox"/> Technical Drawing :	NSP-0126-01		
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010	Conclusion or Recommendation:	REJECT <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Job Order :	JO26-M-00160-1		
<input checked="" type="checkbox"/> Reports :	AR2026-01-080		
<input checked="" type="checkbox"/> Defect Limit :	NIDEC SUBIC 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 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
		<input type="checkbox"/> For Sorting		Target Date
		<input type="checkbox"/> For Rework		Signature

Remarks:	<p><b>JUDGEMENT</b> (If subject is for issuance of IRF / CAR)</p> <input type="checkbox"/> FOR 5 WHY ISSUANCE <input type="checkbox"/> FOR CAR ISSUANCE <input checked="" type="checkbox"/> FOR IRF ISSUANCE
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Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
M. GARCIA	A. FILIPINAS		M. CASILLANO	
QA Inspector	QA Line Leader	ME Head	QA Head	QA Staff

<p><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.</p>	Evaluation	Approved by	Final Disposition
	<input type="checkbox"/> <80% No Need	Top Management	<input type="checkbox"/> Backload
	<input type="checkbox"/> >80% Need		<input type="checkbox"/> Accept
			<input type="checkbox"/> Other _____

**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.*

Amuel - 01-080

1334




# KANEPACKAGE PHILIPPINE INC.

PR-001-F12-REV.00

MEMO:

## JOB ORDER

Jhanine Santiago  
SO # : SO26-M-00160

<b>Customer :</b> NIDEC SUBIC PHILIPPINES CORPORATION	<b>JOB ORDER:</b>
<b>ITEM CODE:</b> L00222433 NEV-D	JOM0067118
NetSuite Itemcode: L00222433 NEV-D	
	<b>KPSYSTEM :</b> JO26-M-00160-1

<b>Item Description :</b> BOX			
<b>QTY:</b> 2000	<b>DELIVERY DATE:</b> 2026-1-29	<b>CREATED BY:</b> SHARLOTTE NICOLE JAVIER	<b>DATE RELEASED:</b> 2026-1-29

<b>Raw Material Code:</b> 607X1135 BF WKL140	<b>Qty To Be Used:</b> 2000	<b>Over Run:</b> 20	<b>Cut Size:</b> N/A	<b>Actual Issued:</b> 2020	<b>DR#:</b> 02014	<b>SUPPLIER:</b> P.C.B
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Tooling Ref# - 26-97 *JW* Ctrl/Batch #: \_\_\_\_\_ RM Issued By: *JR 1/29/26*

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY INHOUSE SUPPLIER	REMARKS
		Operator	ME/QA		G	R		
1.EQOS	01/29	JAMB	7/12/29	2020	G	R		
2.DIECUT S1700	1/29	RM		2020	G	R		
3.DETACHING 1	NA			2020	G	R		Autoship
4.GLUING SD 1800	1/30	Jessa Arlene Sam		640 720 642	G	R		
5.LOT NUMBERING					G	R		
6.SCREENING	1/30		Mad to Jumar	1830	G	R	160	Actual item quantity
					G	R		
					G	R		
					G	R		

PRODUCTION OUT  
BY: \_\_\_\_\_  
DATE: 1/30  
KP SYSTEM

<b>Customer Claim:</b>	<b>REJECTION / ABNORMALITY HISTORY</b>	<p>KANEPACKAGE PHILIPPINE, INC. rev.00</p> <p>CUSTOMER : NIDEC SUBIC PHILS. CORP.</p> <p>ITEM CODE : L00222433</p> <p>ITEM DESCRIPTION : NEV-D BOX</p> <p>ITEM SIZE : _____</p> <p>LOT NUMBER : 260130-JO26-M-00160-1</p> <p>QUANTITY : 10 pcs.</p> <p>RoHS OK</p> <p>QA-KP1618</p> <p>QA PASSED</p>
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**REMARKS:** 640 TO QA on 1/30

*MP* **DATE:** 1/29









KANEPACKAGE PHILIPPINE INC.

# SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.

**SQB-01-001334**

### I. Item Information

Customer	NIDEC SUBIC PHILIPPINES CORPORATION	Inspection Date	260130	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	NORTH	Delivery Date	260129	
Item Code	L00222433 NEV-D	Job Order No.	JO26-M-00160-1	
Item Description	BOX	Job Order Qty.	2,000	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100%	<input type="checkbox"/> Sampling
Drawing Revision No.	00	Delivery Receipt No.	92644	
External Provider	QCP	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:	2230	Time Conducted Sample #2:	0100	Time Conducted Sample #3:	0230						
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	306	±2	306	306	307	16					
2	224	±2	224	225	224	17					
3	157	±2	158	157	157	18					
4	30	±2	30	30	30	19					
5	33	±2	35	33	32	20					
6	20	±2	20	22	20	21					
7	20	-	20	20	22	22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Measuring Tool Used:  Meter Tape  Thickness Gauge  Moisture Content Tester  Weighing Scale  Zahn Cup  Steel Ruler  Stopwatch  Caliper

Control Number of Measuring Tool Used: 25-16018-05

### 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	N			Crack/ Damages	N/A	N/A	N/A
Wrinkle				Others	N/A	N/A	N/A
Delamination				C. CORRUGATED PALLET			
Uneven Kraft liner				In-house	External Provider	Total Quantity	
Warping				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: ink stain	40		40	Damages:	N/A	N/A	N/A
Missing Print/ Character				Others:	N/A	N/A	N/A
Blotted Print				D. MOULDED ITEMS			
Smeared Print				In-house	External Provider	Total Quantity	
Other Print Defect: misalign print	110		110	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:				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				Wet / Moist	N/A	N/A	N/A
Punctured				Dirt	N/A	N/A	N/A
Tear-off				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: spot	18		18	Others:	N/A	N/A	N/A

