
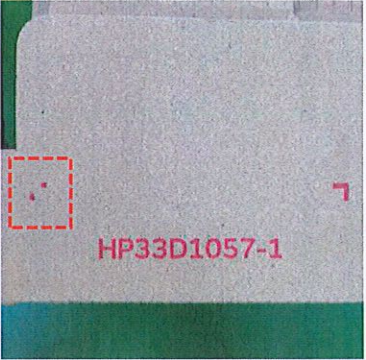


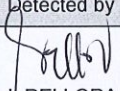
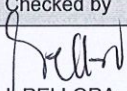
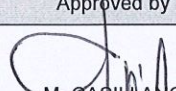
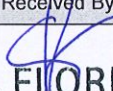
I. Item Information			
Item Code	HP33D1057	Customer	KOWA-EMORI
Item Description	CARTON BOX	Delivery Date	260203
Inspection Date	260206	Inspection Time	2:30 AM
Lot Quantity	1042 PCS.	Job Order Number	JO26-M-00031-37
Affected Quantity	33 PCS.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	3.16%    31,669 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 4
Problem Description	POOR PRINT	Delivery Receipt Number	N/A

II. Visual Reference (Defect Illustration)	
NO POOR PRINT	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p style="font-weight: bold; font-size: 0.8em;">GOOD</p>  </div> <div style="text-align: center;"> <p style="font-weight: bold; font-size: 0.8em;">NO GOOD</p>  </div> </div>

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 PM-QA-018 EMO-0098-01AB-08 WI-QA-001-010 JO26-M-00031-37 AR2026-02-019 KEP DEFECT LIMIT	Requirement: NO POOR PRINT  Actual: WITH POOR PRINT  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"/> Rejected <input type="checkbox"/> Backload	<input type="checkbox"/> Conditional (Please indicate details) <hr/> <hr/>	<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Backload <input type="checkbox"/> Good <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework	<input type="checkbox"/> Conditional (Please indicate details) If item is for sorting, for backload, or for rework, fill-out below, <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width:33%;">Person In Charge</th> <th style="width:33%;">Target Date</th> <th style="width:33%;">Signature</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Person In Charge	Target Date	Signature			
Person In Charge	Target Date	Signature							

Remarks:	<b>JUDGEMENT</b> <i>(If subject is for issuance of IRF / CAR)</i> <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
 J. RELLORA QA Inspector	 J. RELLORA QA Line Leader		 M. CASILLANO QA Head	 C. FLORES 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 <input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need	Approved by <hr/> Top Management	Final Disposition <input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____
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**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.*

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MWS

420

# KANEPACKAGE PHILIPPINE INC.

PR-001-F12-REV.00

MEMO:

## JOB ORDER

PACIA, MARK JEFFERSON II J.  
SO #: SO26-M-00031

<b>Customer :</b> KOWA-EMORI PHILIPPINES, INC.		<b>JOB ORDER:</b>
<b>ITEM CODE:</b> HP33D1057-1		JOM0067443
<b>NetSuite Itemcode:</b> HP33D1057-1		<b>KPSYSTEM :</b> JO26-M-00031-37

<b>Item Description :</b> CARTON BOX			
<b>QTY:</b> 3000	<b>DELIVERY DATE:</b> 2026-2-3	<b>CREATED BY:</b> SHARLOTTE NICOLE JAVIER	<b>DATE RELEASED:</b> 2026-2-1

<b>Raw Material Code:</b> 720X797 BF TX200	<b>Qty To Be Used:</b> 1500	<b>Over Run:</b> 10	<b>Cut Size:</b> N/A	<b>Actual Issued:</b> 1510	<b>DR#:</b> 77677	<b>SUPPLIER:</b> QCB
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**Tooling Ref#:** 34-22-49 ESI-2      **Ctrl/Batch #:** \_\_\_\_\_      **RM Issued By:** Elmer 1/2

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY INHOUSE	REJECTED QTY SUPPLIER	REMARKS
		Operator	ME/QA		G	R			
1.EQOS	2/2	PMMON	Pic	1510	G	R			
2.DIECUT ETERNA	2/5	JJA		1510	G	R			
3.DETACHING 1	2-6	DJ		3020	G	R			
4.GLUING CONVEYOR 1	2/6	Edwin PPR Ann Ruyann Rachelle		3011 340 2660	G	R			FIRST GLUE 30
5.LOT NUMBERING	02-06		even	1000	G	R			
6.SCREENING					G	R			
					G	R			
					G	R			
					G	R			

### REJECTION / ABNORMALITY HISTORY:

**Customer Claim:**

**Notes:**

**PRODUCTION OUT**  
 BY: Ben 2/6  
 DATE: 2/6  
 KP SYSTEM

KOWA-EMORI PHILIPPINES INC.	
<b>Item Code</b> HP33D1057-1	<b>Quantity</b> 10 pcs.
<b>Item Description</b> CARTON BOX	<b>Supplier's QC</b> PASSED INSPECTION RoHS OK QA-KP1712 MP
<b>Lot No. / Ref. NO.</b> 260206-00031-37	

**REMARKS:**





KANEPACKAGE PHILIPPINE INC.

# SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.

**SQB-02-000420**

## I. Item Information

Customer	KOWA-EMORI PHILIPPINES, INC.	Inspection Date	260200	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date	260203	
Item Code	HP33D1057-1	Job Order No.	JO26-M-00031-37	
Item Description	CARTON BOX	Job Order Qty.	3,000	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100%	<input type="checkbox"/> Sampling
Drawing Revision No.	08	Delivery Receipt No.	77677	
External Provider	OCB	Gluing Process	<input type="checkbox"/> Manual Gluing	<input type="checkbox"/> Semi-Auto Gluing
			<input type="checkbox"/> SD1800	

## II. Dimensional Inspection

Time Conducted Sample #1:	0230	Time Conducted Sample #2:	0310	Time Conducted Sample #3:	0400						
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	183	+	184	183	182	16					
2	183		183	183	184	17					
3	41	2	41	41	41	18					
4	30		30	30	30	19					
5	182	-	182	182	182	20					
6	47		47	47	47	21					
7	93	+	93	93	93	22					
8	50		49	51	51	23					
9	17	5	17	18	17	24					
10	6		7	5	5	25					
11	16	-	16	17	16	26					
12	7		6	8	8	27					
13	19	-	18	20	20	28					
14	19		18	20	20	29					
15	19		18	20	19	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	Control Number of Measuring Tool Used:
	<input type="checkbox"/> Thickness Gauge	<input type="checkbox"/> Weighing Scale	<input type="checkbox"/> Steel Ruler	<input type="checkbox"/> Caliper	25-17012-020

## 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	1		1	Condition of Wood	N/A	N/A	N/A
Grain Direction				Rusty Nail	N/A	N/A	N/A
Paper Shade (Off Color)	N			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			0	Wrong Orientation	N/A	N/A	N/A
Close Gap/ Wide Gap				Damages: _____	N/A	N/A	N/A
Print Color: <u>POOR PRINT</u>	33		33	Others: _____	N/A	N/A	N/A
Missing Print/ Character				D. MOULDED ITEMS	In-house	External Provider	Total Quantity
Blotted Print	N	1	0	Poor Fusion	N/A	N/A	N/A
Smear Print				Chip Off	N/A	N/A	N/A
Other Print Defect: <u>MISALIGN PRINT</u>	2		2	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: <u>OIL STAIN</u>	1		1	Scratches	N/A	N/A	N/A
Excess Glue				Foreign Materials	N/A	N/A	N/A
Gluing Defect: _____	N			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: _____	3		3				
Others: <u>DIRT</u>	2		2				



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	TK200   CM125   TK200	TK200   CM125   TK200	✓
STITCHED (Inside or Outside)	N	/	A	Flute	BF	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	Scan 2	BQICS Compliance (For Epson items only)	<input type="checkbox"/> Good <input type="checkbox"/> No Good
N	/		A		N	/	<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	1042	Defect Rate Formula: Total Quantity NG Total Qty. Inspected x100	Total Sampling Qty Inspected	
Total Qty Good	1000		Total Sampling Qty Good	N/A
Total Qty NG	42		Total Sampling Qty NG	
Defect Rate in % in PPM	4.03% / 40,307 PPM	PPM Formula: Total Quantity NG Total Qty. Inspected x1,000,000	Defect Rate in % in PPM	

### VIII. Disposition

### IX. Remarks

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

Abnormality Report Control No.: ARC2026-02-019

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
J. Pellora QA Screening Inspector	Pellora QA Line Leader		 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

### XI. Overall Inspection Time

#### CORRUGATED AND MOULDED ITEMS

Date	No. of Manpower	Qty	Time Start	Time End	Downtime	Total hrs.	Cause of Downtime
260206	1	1000	0230	0400	15 min	1hr. 30min	Breaktime