


**I. Item Information**

Item Code	D0397R001	Customer	BROTHER
Item Description	CARTON CL BTL21 (X20) PH	Delivery Date	260226
Inspection Date	260225	Inspection Time	1AM
Lot Quantity	630 PCS	Job Order Number	JO26-M-00329-186
Affected Quantity	30 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	4.76% 47,619 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 3
Problem Description	BROKEN TEXT	Delivery Receipt Number	N/A

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

GOOD	NO GOOD
<p>Съдържа 1,2-бензотиазол-3(2H)-он. Може да прео Obsahuje 1,2-benzotiazol-3(2H)-on. Múže vyvolať Inneholder 1,2-benzotiazol-3(2H)-on. Kan udise all Bevat 1,2-benzotiazol-3(2H)-on. Kan een allergisc Contiene 1,2-benzotiazol-3(2H)-on. May produ Sisaldab 1,2-benzotiazol-3(2H)-on. Võib esile kuts Sisältää 1,2-benzotiazol-3(2H)-on. Voi aiheuttaa all Contient 1,2-benzotiazol-3(2H)-one. Peut produ Enthält 1,2-Benzotiazol-3(2H)-on. Kann allergisc Περιέχει 1,2-βενζοθιαζολ-3(2H)-όν. Μπορεί να τη 1,2-benzotiazol-3(2H)-on-t tartalmaz. Allergiás reakci Contiene 1,2-benzotiazol-3(2H)-one. Può provocare i Satur 1,2-benzotiazol-3(2H)-ons. Var izraelit alerģisk Sudētyje yra 1,2-benzotiazol-3(2H)-ons. Gali sukelti Inneholder 1,2-Benzotiazol-3(2H)-on. Kan gi en alle Zawiera 1,2-benzotiazol-3(2H)-on. Może powodowa Contém 1,2-benzotiazol-3(2H)-ons. Pode provocar u Contiene 1,2-benzotiazol-3(2H)-on. Puede provoca o</p>	

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

Related Doc. Info.	Control Number	Requirement:	BROKEN TEXT NOT ACCEPTABLE
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	WITH BROKEN TEXT
<input checked="" type="checkbox"/> Technical Drawing :	BIP-0801-01		
<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-00329-186		
<input checked="" type="checkbox"/> Reports :	AR2026-02-064		
<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 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	
		<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
E. SANTOS	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 <input type="checkbox"/> >80% Need	Top Management	<input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____

**VII. Sorting Instructions**

**VIII. Sorting Details**

Sorting Date	Sorting Time		No. of Manpower	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 Manpower	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 Manpower	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.*

pm

1652

*Handwritten signature*

PR-001-F12-REV.00

# KANEPACKAGE PHILIPPINE INC.

MEMO:

## JOB ORDER

MANAIG, RHEA V.  
SO #: SO26-M-00329

Customer : BROTHER INDUSTRIES (PHILS.), INC.	JOB ORDER: JOM0069590 KPSystem : JO26-M-00329-186
ITEM CODE: <b>D0397R001 ALTERNATIVE</b>	
NetSuite Itemcode: D0397R001 ALTERNATIVE	

Item Description : <b>CARTON CL BTL21(X20) PH</b>			
QTY: <b>630</b>	DELIVERY DATE: <b>2026-2-24</b>	CREATED BY: <b>SHARLOTTE NICOLE JAVIER</b>	DATE RELEASED: <b>2026-2-23</b>

Raw Material Code: <b>1160X1581 CF NPK180</b>	Qty To Be Used: <b>315</b>	Over Run: <b>10</b>	Cut Size: <b>778X1007 CF</b>	Actual Issued: <b>325</b>	DR#: <b>325 2475</b>	SUPPLIER: <b>pw</b>
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Tooling Ref# - **17-6**      Ctrl/Batch #: \_\_\_\_\_      RM Issued By: *Emer*

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1.SLITTER BIG	2/25	Cyrom	Jomar B.	325	G	R			
2.SLITTER SMALL	2/25	Cyrom	BEN	325	G	R			
3.EQOS	2/25	CRAVE	2/25	325	G	R			OK
4.DIECUT S1700	3/25	JM		325	G	R			
5.DETACHING	3/25	ns		650	G	R			
6.GLUING CONVEYOR 3	2/25	EJC		630	G	R			
7.LOT NUMBERING	2/25		ana	630	G	R			
8.SCREENING	2-25		e.santos	580	G	R			

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**KANEPACKAGE PHILIPPINES INC.**

Part Code	D0397R001
Part Name	CARTON CL BTL21 (X20) PH
Production Date	280225
Lot Number	JO26-M-00329-186
Quantity	10 pcs
P.O.	N/A
Mold No./Cavity	N/A
Operator	QA-KP049
Remarks	MP

STAMP: *mm*

STAMP: \_\_\_\_\_

PRODUCTION OUT

DATE: \_\_\_\_\_

KP SYSTEM

REJECTION / ABNORMALITY HISTORY:

DATE: 2/25

*Handwritten signature*





KANEPACKAGE PHILIPPINE INC.

### SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.

**SQB-02-001652**

#### I. Item Information

Customer	BROTHER INDUSTRIES (PHILS.), INC.	Inspection Date	260225	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date	260224	
Item Code	D0397R001 ALTERNATIVE	Job Order No.	JO26-M-00329-186	
Item Description	CARTON CL BTL21(X20) PH	Job Order Qty.	630	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100%	<input type="checkbox"/> Sampling
Drawing Revision No.	00	Delivery Receipt No.	2475	
External Provider	PW	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:	10:06	Time Conducted Sample #2:	11:06	Time Conducted Sample #3:	12:06						
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	259	±1.5	259	260	259	16					
2	198		198	197	198	17					
3	110		110	110	111	18					
4	122	±1.5	122	122	122	19					
5	18		18	18	18	20					
6	54.5		54.5	54.5	54.5	21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

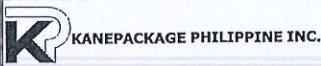
Measuring Tool Used:  Meter Tape  Thickness Gauge  Moisture Content Tester  Weighing Scale  Zahn Cup  Steel Ruler  Stopwatch  Caliper

Control Number of Measuring Tool Used: **25-17049-091**

#### 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	10		10	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			
Uneven Kraft liner				In-house	External Provider	Total Quantity	
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: <b>Broken text</b>	30		30	Damages: _____	N/A	N/A	N/A
Missing Print/ Character				Others: _____	N/A	N/A	N/A
Blotted Print				D. MOULDED ITEMS			
Smear Print				In-house	External Provider	Total Quantity	
Other Print Defect: _____				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	5		5	Discoloration	N/A	N/A	N/A
Damages: _____	5		5	Excess Flashes	N/A	N/A	N/A
Others: _____				Others: _____	N/A	N/A	N/A

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## 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	NPK180	NPK180	-
				Flute	CF	CF	-
STITCHED (Inside or Outside)	N / A			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	<input type="checkbox"/> Good <input type="checkbox"/> No Good
N / A				Scan 2	<input type="checkbox"/> Good <input type="checkbox"/> No Good
BQICS Compliance (For Epson items only)					
<input type="checkbox"/> Good <input type="checkbox"/> No Good					

#### VI. Inspection Result

#### VII. Sampling Inspection Result

Total Qty Inspected	630	Defect Rate Formula: Total Quantity NG Total Qty. Inspected x100	Total Sampling Qty Inspected	
Total Qty Good	580		Total Sampling Qty Good	N / A
Total Qty NG	48 50		Total Sampling Qty NG	
Defect Rate	in % 7.93650% in PPM 79,365.1 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.: *Amor-D-004*

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
<i>E. Santos</i>	<i>[Signature]</i>		<i>[Signature]</i>
QA Screening Inspector	QA Line Leader	QA Supervisor / QA Asst. Supervisor	QA Head

#### X. Reject & Reworks Item Verification

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