




I. Item Information

Item Code	HP33D1057-1	Customer	KOWA EMORI
Item Description	CARTON BOX	Delivery Date	260309
Inspection Date	260307	Inspection Time	9AM
Lot Quantity	1,020 PCS	Job Order Number	JO26- M-00031-175
Affected Quantity	30 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	2.94% 29,412 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 4
Problem Description	MISALIGN GLUE	Delivery Receipt Number	N/A

II. Visual Reference (Defect Illustration)

GOOD	NO GOOD
NO MISALIGN GLUE	

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

Related Doc. Info.	Control Number	Requirement:	MISALIGN GLUE NOT ACCEPTABLE
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	WITH MISALIGN GLUE UP TO 4MM
<input checked="" type="checkbox"/> Technical Drawing :	EMO-0098-01		
<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-00031-175		
<input checked="" type="checkbox"/> Reports :	AR2026-03-019		
<input checked="" type="checkbox"/> Defect Limit :	EMORI 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:

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
 N. RANOCO	 A. FILIPINAS		 M. CASILLANO	
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.

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 _____

ABNORMALITY REPORT

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		

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MEMO:

JOB ORDER

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

Customer : KOWA-EMORI PHILIPPINES, INC.	JOB ORDER:
ITEM CODE: HP33D1057-1	JOM0070521
NetSuite Itemcode: HP33D1057-1	
	KPSystem : JO26-M-00031-175

Item Description : CARTON BOX			
QTY: 1020	DELIVERY DATE: 2026-3-9	CREATED BY: SHARLOTTE NICOLE JAVIER	DATE RELEASED: 2026-3-3

Raw Material Code: 720X797/BF TX200	Qty To Be Used: 510	Over Run: 10	Cut Size: N/A	Actual Issued: 520	DR#: 96470	SUPPLIER: <i>Qem</i>
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Tooling Ref# - 34-21-49 *EV-2* **Ctrl/Batch #:** _____ **RM Issued By:** *Emor 3/5*

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1.EQOS	3/5	<i>PATE</i>	<i>2nd 3/5</i>	520	G	R			
2.DIECUT ETERNA	3/5	<i>BLJ</i>		510	G	R	2	10	<i>FIRST Glue - 1020</i>
3.GLUING CONVEYOR 1	3-6	<i>M.V.T, M</i> <i>M.G</i>		1012	G	R	20		
4.LOT NUMBERING	<i>03/6</i> <i>3/7</i>		<i>piore</i> <i>MOEN</i>	810 170	G	R			
5.SCREENING			<i>choca</i>	170	G	R			
			<i>Neil</i>	807	G	R	92		
					G	R			
					G	R			

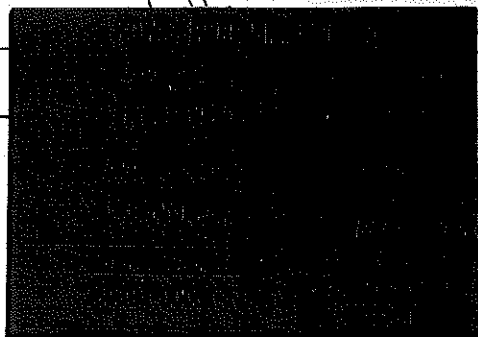
REJECTION / ABNORMALITY HISTORY:

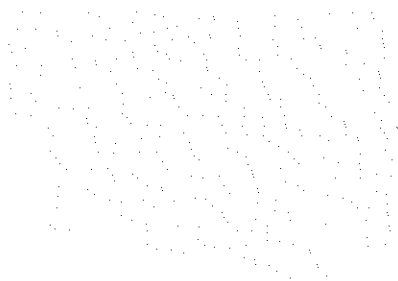
Customer Claim:

Notes:

REMARKS:

PRODUCED BY
DATE
3/6
KP SYSTEM







KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-03-000496

I. Item Information

Customer	KOWA-EMORI PHILIPPINES, INC.	Inspection Date	260307	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	260309	
Item Code	HP33D1057-1	Job Order No.	JO26-M-00031-175	
Item Description	CARTON BOX	Job Order Qty.	1,020	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	08	Delivery Receipt No.	96490	
External Provider	BOB	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input type="checkbox"/> SD1800	

II. Dimensional Inspection

Time Conducted Sample #1: 8:00	Time Conducted Sample #2: 8:30	Time Conducted Sample #3: 9:00																																																																																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>Checkpoints</th><th>Drawing Specs</th><th>Tolerance</th><th>Sample #1</th><th>Sample #2</th><th>Sample #3</th></tr> <tr><td>1</td><td>103</td><td rowspan="5" style="font-size: 2em;">}</td><td>103</td><td>103</td><td>103</td></tr> <tr><td>2</td><td>103</td><td>103</td><td>103</td><td>103</td></tr> <tr><td>3</td><td>41</td><td>41</td><td>41</td><td>41</td></tr> <tr><td>4</td><td>302</td><td>102</td><td>102</td><td>102</td></tr> <tr><td>5</td><td>30</td><td>30</td><td>30</td><td>30</td></tr> </table>	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	1	103	}	103	103	103	2	103	103	103	103	3	41	41	41	41	4	302	102	102	102	5	30	30	30	30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>Checkpoints</th><th>Drawing Specs</th><th>Tolerance</th><th>Sample #1</th><th>Sample #2</th><th>Sample #3</th></tr> <tr><td>16</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>17</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>18</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>19</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>21</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>22</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>23</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>24</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>25</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>26</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>27</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>28</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>29</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>30</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	16						17						18						19						20						21						22						23						24						25						26						27						28						29						30						
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Measuring Tool Used: <input checked="" type="checkbox"/> Meter Tape	<input type="checkbox"/> Moisture Content Tester	<input type="checkbox"/> Zahn Cup	<input type="checkbox"/> Stopwatch
<input type="checkbox"/> Thickness Gauge	<input type="checkbox"/> Weighing Scale	<input type="checkbox"/> Steel Ruler	<input type="checkbox"/> Caliper
Control Number of Measuring Tool Used: 25-25129-040			

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				Crack/ Damages	N/A	N/A	N/A
Wrinkle				Others	N/A	N/A	N/A
Delamination							
Uneven Kraft liner				C. CORRUGATED PALLET			
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)	2		2	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: _____				Damages: _____	N/A	N/A	N/A
Missing Print/ Character				Others: _____	N/A	N/A	N/A
Blotted Print							
Smeared Print				D. MOULDED ITEMS			
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: <u>PRINT STAIN</u>	10		10	Crack	N/A	N/A	N/A
Excess Glue				Broken	N/A	N/A	N/A
Gluing Defect: <u>MISGLUED GLUE</u>	30		30	Scratches	N/A	N/A	N/A
Worn-out (4mm)				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: _____				Others: _____	N/A	N/A	N/A

M2



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)	RUS 025	RUS 025	-	Corrugated	Y 200	Y 200	-
STITCHED (Inside or Outside)			-	Flute	BF	BF	-
			-	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
Y				N/L		<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

VI. Inspection Result

VII. Sampling Inspection Result

Total Qty Inspected	1018	Defect Rate Formula: Total Qty. NG Total Qty. inspected x 100	Total Sampling Qty Inspected	
Total Qty Good	977		Total Sampling Qty Good	7/10
Total Qty NG	41		Total Sampling Qty NG	
Defect Rate	4.12%	PPM Formula: Total Qty. NG Total Qty. Inspected x 1,000,000	Defect Rate	
	41,257.37 PPM			

VIII. Disposition

IX. Remarks

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

Abnormally Report Control No.: ANADUC-05-179

Inspected by	Checked by	Approved by (if there are major concerns)	Verified by (if there are major concerns)
N. RANOC	<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		
Total				

XI. Overall Inspection Time

CORRUGATED AND MOULDED ITEMS

Date	No. of Manpower	Qty	Time Start	Time End	Downtime	Total hrs.	Cause of Downtime