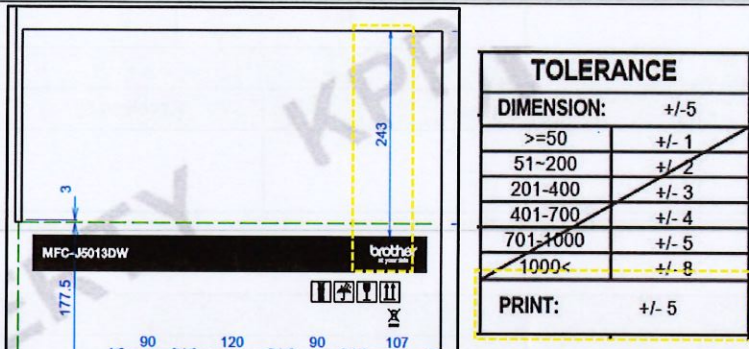



**I. Item Information**

Item Code	D03GNT001	Customer	BROTHER
Item Description	CARTON MFC-J5013DW EU	Delivery Date	260310
Inspection Date	260310	Inspection Time	9:00 AM
Lot Quantity	646 PCS	Job Order Number	JO-26-IPD-00199-9
Affected Quantity	<b>25 PCS</b>	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	3.86% 86,699 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)**

GOOD	NO GOOD												
 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><b>TOLERANCE</b></p> <p><b>DIMENSION:</b> +/- 5</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>&gt;=50</td><td>+/- 1</td></tr> <tr><td>51-200</td><td>+/- 2</td></tr> <tr><td>201-400</td><td>+/- 3</td></tr> <tr><td>401-700</td><td>+/- 4</td></tr> <tr><td>701-1000</td><td>+/- 5</td></tr> <tr><td>1000&lt;</td><td>+/- 8</td></tr> </table> <p><b>PRINT:</b> +/- 5</p> </div>	>=50	+/- 1	51-200	+/- 2	201-400	+/- 3	401-700	+/- 4	701-1000	+/- 5	1000<	+/- 8	
>=50	+/- 1												
51-200	+/- 2												
201-400	+/- 3												
401-700	+/- 4												
701-1000	+/- 5												
1000<	+/- 8												

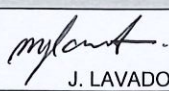
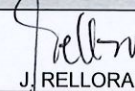
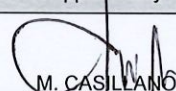
**III. Documented Information Review (To be filled out by Qa Line Leader)**

Related Doc. Info.	Control Number	Requirement:	243MM TOLERANCE +/-5MM
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	<b>255MM</b>
<input checked="" type="checkbox"/> Technical Drawing :	BIP-1044-01AB-02		
<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 :	JO-26-IPD-00199-9		
<input checked="" type="checkbox"/> Reports :	AR2026-03-027		
<input checked="" type="checkbox"/> Defect Limit :	BROTHER 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:	<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

Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
 J. LAVADO	 J. RELLORA		 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 _____

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 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		

(31)  
*Anita*

*RM*

*(62)*

MEMO:

**JOB ORDER**

UBAY, MARY GRACE  
SO #: SO-26-IPD-00199

Customer : BROTHER INDUSTRIES (PHILS.), INC.	<b>JOB ORDER:</b>
ITEM CODE: <b>D03GNT001 NPK170</b>	JOM0070874
NetSuite Itemcode: D03GNT001 NPK170	KPSystem : JO-26-IPD-00199-9

Item Description : <b>CARTON MFC-J5013DW EU</b>			
QTY: <b>1500</b>	DELIVERY DATE: <b>2026-3-10</b>	CREATED BY: <b>Princes Manzanero</b>	DATE RELEASED: <b>2026-3-6</b>

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
965X1153 CBF NPK170	1500	20	NA	1570		
965X1153 CBF NPK170	1500	20	NA	1570	9653	<i>Deva</i>

Tooling Ref# - *E2-46-103* Ctrl/Batch #: \_\_\_\_\_ RM Issued By: *Elmer 3/9*

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1.EQOS	3/9	EWYMP	<i>Pic</i>	A-1520 B-1516	G	R			
2.DIECUT ETERNA	3/9 3/10	GRM JBJ-A	<i>mad/KA 040</i>	A-1520 B-858 + 400	G	R			
3.DETACHING					G	R			
4.GLUING CONVEYOR 2	3/10	<i>Jim GUYTH mark 304</i>		300	G	R			
5.LOT NUMBERING	3/10		<i>JAH</i>	<i>3000</i>	G	R			
6.SCREENING	3/10		<i>JLanno</i>	600	G	R	89	5	
					G	R			
					G	R			
					G	R			

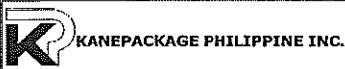
**REJECTION / ABNORMALITY HISTORY**

Customer Claim: *300 to QA - 3/10*

Notes:

<b>KANEPACKAGE PHILIPPINES INC.</b>		QR CODE
Part Code	D03GNT001	
Part Name	CARTON MFC-J5013DW EU	STAMP
Production Date	280310	
Lot Number	JO-26-IPD-00199-9	STAMP
Quantity	6 pcs	
P.O.	N/A	STAMP
Mold No./Cavity	N/A	
Operator	QA-KP884	
Remarks	IPD	





## SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.  
**SQB-03-000621**

### I. Item Information

Customer	BROTHER INDUSTRIES (PHILS.), INC.	Inspection Date	200310	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	260310	
Item Code	D03GNT001 NPK170	Job Order No.	JO-26-IPD-00199-9	
Item Description	CARTON MFC-J5013DW EU	Job Order Qty.	1,500	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	02	Delivery Receipt No.	96653	
External Provider	GCB	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: 6:40			Time Conducted Sample #2: 11:00			Time Conducted Sample #3: 3:33					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	543	±5	543	543	543	16					
2	517		517	517	517	17					
3	375		375	375	375	18					
4	107		107	107	107	19					
5	243		242	243	243	20					
6	283		283	283	283	21					
7	318		318	318	318	22					
8	250		250	250	250	23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						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: 26-20078-019
	<input type="checkbox"/> Thickness Gauge	<input type="checkbox"/> Weighing Scale	<input type="checkbox"/> Steel Ruler	<input type="checkbox"/> Caliper	

### 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	5	5	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	N	/	/	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										
Warpage				C. CORRUGATED PALLET						
Cracking on edge				In-house	External Provider	Total Quantity				
Bursting / Bursting on Edge (Crowfeet)				Color of Carton (Discoloration)	N/A	N/A	N/A			
Wrong die-cut orientation				Flute of Material	N/A	N/A	N/A			
Inverted die-cut				Type of Adhesion	N/A	N/A	N/A			
Close Gap/ Wide Gap	6		6	Adhesion of Runner	N/A	N/A	N/A			
Print Color: _____				Rusty Wire	N/A	N/A	N/A			
Missing Print/ Character				Wrong Orientation	N/A	N/A	N/A			
Blotted Print				Damages: _____	N/A	N/A	N/A			
Smearred Print				Others: _____	N/A	N/A	N/A			
Other Print Defect: <u>blotted</u>	6		6	D. MOULDED ITEMS						
Linemark				In-house	External Provider	Total Quantity				
Fish-eye				Poor Fusion	N/A	N/A	N/A			
Stain: _____	N	/	/	Chip Off	N/A	N/A	N/A			
Excess Glue				Warp / Deform	N/A	N/A	N/A			
Gluing Defect: _____				Crack	N/A	N/A	N/A			
Worn-out				Broken	N/A	N/A	N/A			
Dent				Scratches	N/A	N/A	N/A			
Punctured	Foreign Materials	N/A	N/A	N/A						
Tear-off	Wet / Moist	N/A	N/A	N/A						
Peel-off	Dirt	N/A	N/A	N/A						
Damages: _____	Stain: _____	N/A	N/A	N/A						
Others: <u>blotted print</u>				Discoloration	N/A	N/A	N/A			
				Excess Flashes	N/A	N/A	N/A			
				Others: _____	N/A	N/A	N/A			



## 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	NPC 170	NPC170	/	
STITCHED (Inside or Outside)	N/A	N/A			Flute	CBE	CBE	/	
					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	<input type="checkbox"/> Good	<input type="checkbox"/> No Good
	N/A				N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BQICS Compliance (For Epson Items only)						<input checked="" type="checkbox"/>	<input type="checkbox"/>

VI. Inspection Result				VII. Sampling Inspection Result			
Total Qty Inspected	646	Defect Rate Formula: Total Qty NG Total Qty. Inspected x100		Total Sampling Qty Inspected			
Total Qty Good	600			Total Sampling Qty Good			
Total Qty NG	46	PPM Formula: Total Qty NG Total Qty. Inspected x1,000,000		Total Sampling Qty NG			
Defect Rate	In % 7.122			Defect Rate	In %	N/A	
	In PPM 76,909 PPM				In PPM		

VIII. Disposition		IX. Remarks	
<input checked="" type="checkbox"/> Good	<input type="checkbox"/> For Special Acceptance		
<input type="checkbox"/> Backload	<input type="checkbox"/> Conditional (Please indicate details)		
<input type="checkbox"/> For Sorting			
<input type="checkbox"/> For Rework	Abnormality Report Control No.: AR2024-03-021		

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
J. Canedo	[Signature]		[Signature]
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				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						