

I. Item Information

Item Code	D032DP001	Customer	BROTHER
Item Description	CARTON DEV UNIT ELL US(X3) PH	Delivery Date	260309
Inspection Date	260310	Inspection Time	12:00 PM
Lot Quantity	2,975 PCS.	Job Order Number	JO26-M-00329-203
Affected Quantity	45 PCS.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	1.51% 15,126 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 5
Problem Description	MISALIGN PRINT	Delivery Receipt Number	N/A

II. Visual Reference (Defect Illustration)

GOOD	NO GOOD

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

Related Doc. Info.	Control Number	Requirement:	17MM & 15MM TOLERANCE +/-5MM
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	2MM & 30MM
<input checked="" type="checkbox"/> Technical Drawing :	BIP-0684-01AB		
<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-00329-203		
<input checked="" type="checkbox"/> Reports :	AR2026-03-028		
<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:	JUDGEMENT <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
K. MARAVILLA	J. RELLORA		M. CASILLANO	
QA Inspector	QA Line Leader	ME Head	QA Head	QA Staff

<p>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.</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 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.*

500 whsz
430

633

PMH

KANEPACKAGE PHILIPPINE INC.

PR-001-F12-REV.00

MEMO:

JOB ORDER

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

Customer : BROTHER INDUSTRIES (PHILS.), INC.	JOB ORDER:
ITEM CODE: D032DP001	JOM0070575
NetSuite Itemcode: D032DP001	KPSystem : JO26-M-00329-203



Item Description : CARTON DEV UNIT ELL US(X3) PH			
QTY: 3000	DELIVERY DATE: 2026-3-9	CREATED BY: SHARLOTTE NICOLE JAVIER	DATE RELEASED: 2026-3-4

Raw Material Code: 1160X1581 CF NPK180	Qty To Be Used: 1500	Over Run: 10	Cut Size: N/A	Actual Issued: SKITA 1510	DR#: 2913	SUPPLIER: PW
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Tooling Ref# - **Ed 43 -10** Ctrl/Batch #: _____ RM Issued By: **cmg 7/10**

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1.EQOS	3/7	YERM	dic	1510	6	R			
2.DIECUT ETERNA	3/7	BUNH		1505	2	5			
3.DETACHING 1	3/9	U		3000					
4.GLUING SA 2600	3/10	DH		2000 975	1	30			
5.LOT NUMBERING	3/10		JPH	3000	G	R			
6.SCREENING	3/10		KEP	2000 930	G	R	45	1517	2603/0 2913
					G	R		1017	2603/0 2930
					G	R			2603/0 2930
					G	R		1517	2603/0 2930

Customer Claim:	 	
Notes:		
REMARKS:		
Part Code		D032DP001
Part Name		CARTON DEV UNIT ELL US(X3) PH
Production Date	2603/0	
Lot Number	JO26-M-00329-203	
Quantity	10 pcs.	
P.O.	N/A	
Mold No./Cavity	N/A	
Operator	QA-KPS92	
Remarks	MPK	

2000 to QA - JPH 7/10

Handwritten initials: JUK



KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-03-000633

I. Item Information

Customer	BROTHER INDUSTRIES (PHILS.), INC.	Inspection Date	120310	Shift	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	260509		
Item Code	D032DP001	Job Order No.	JO26-M-00329-203		
Item Description	CARTON DEV UNIT ELL US (X3) PH	Job Order Qty.	3,000		
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling		
Drawing Revision No.	00	Delivery Receipt No.	2913		
External Provider	REN	Gluing Process	<input type="checkbox"/> Manual Gluing <input checked="" type="checkbox"/> Semi-Auto Gluing		
			<input type="checkbox"/> SD1800		

II. Dimensional Inspection

Time Conducted Sample #1: 1100			Time Conducted Sample #2: 1230			Time Conducted Sample #3: 1500					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	380	±3	383	383	383	16					
2	360		363	363	363	17					
3	180		183	183	183	18					
4	29	±5	29	29	29	19					
5	22		25	25	25	20					
6	15		10	10	10	21					
7	17		17	17	17	22					
8	8		5	8	8	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: 25-10-1201-020
	<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				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	In-house	External Provider	Total Quantity
Uneven Kraft liner				Color of Carton (Discoloration)	N/A	N/A	N/A
Warping				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				Wrong Orientation	N/A	N/A	N/A
Close Gap/ Wide Gap				Damages:	N/A	N/A	N/A
Print Color:				Others:	N/A	N/A	N/A
Missing Print/ Character				D. MOULDED ITEMS	In-house	External Provider	Total Quantity
Blotted Print				Poor Fusion	N/A	N/A	N/A
Smeared Print				Chip Off	N/A	N/A	N/A
Other Print Defect: mis aligned print				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:				Scratches	N/A	N/A	N/A
Excess Glue				Foreign Materials	N/A	N/A	N/A
Gluing Defect:				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:							
Others:							



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)	<i>inside inside</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Corrugated	<i>2 APC/80</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STITCHED (Inside or Outside)	<i>u</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flute	<i>CF</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Others	<i>u</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
	<i>u</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>D032 0200</i>	<i>D032 0200</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input checked="" type="checkbox"/>	<input type="checkbox"/>

VI. Inspection Result			VII. Sampling Inspection Result		
Total Qty Inspected	<i>2975</i>	Defect Rate Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$ PPM Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$	Total Sampling Qty Inspected	<i>u</i>	Defect Rate in % <i>1.51% / 1512 PPM</i>
Total Qty Good	<i>2990</i>		Total Sampling Qty Good		
Total Qty NG	<i>5</i>		Total Sampling Qty NG		

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.: <i>APR020-03-0208</i>		

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
<i>K. Marañillo</i>	<i>J. Alonzo</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
	Good	NG-Good	
<i>u</i>	<i>u</i>	<i>u</i>	
Total			

XI. Overall Inspection Time							
CORRUGATED AND MOULDED ITEMS							
Date	No. of Manpower	Qty	Time Start	Time End	Downtime	Total hrs.	Cause of Downtime