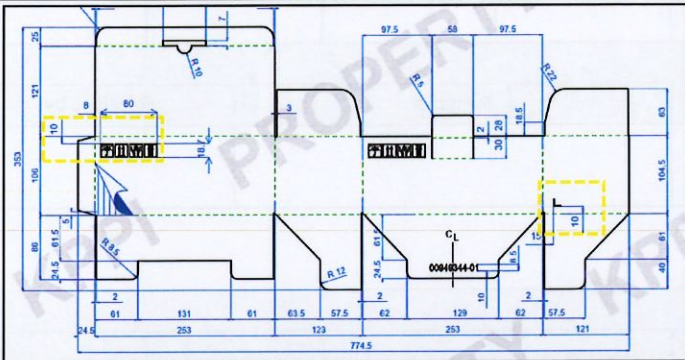
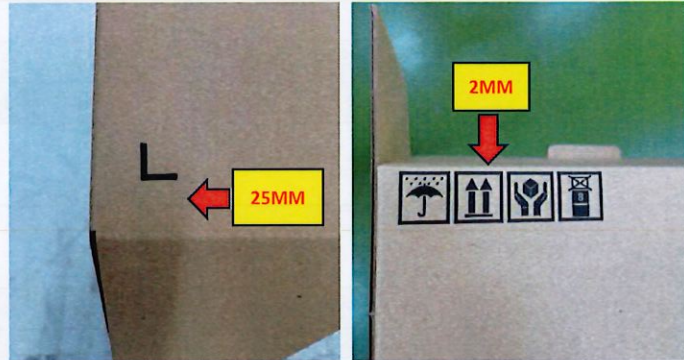


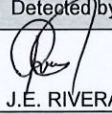
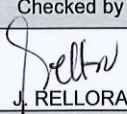
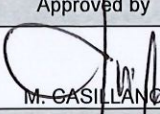
I. Item Information			
Item Code	00949344-01	Customer	SANYO DENKI
Item Description	PRINT SPECIFICATION	Delivery Date	260311
Inspection Date	260312	Inspection Time	7:00 AM
Lot Quantity	1,646 PCS	Job Order Number	JO26-M-00318-298
Affected Quantity	66 PCS.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	4.00%      40,097 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2
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. <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 SDP-0853-01AB-07 WI-QA-001-010 JO26-M-00318-298 AR2026-03-039 SANYO DENKI DEFECT LIMIT	Requirement: 10MM TOLERANCE +/-3MM  Actual: <span style="color: red;">15MM / 2MM</span>	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)	<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:30%;">Person In Charge</th> <th style="width:20%;">Target Date</th> <th style="width:50%;">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:	JUDGEMENT (If subject is for issuance of IRF / CAR) <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.E. RIVERA	 J. RELLORA		 M. GASILLANO	
QA Inspector	QA Line Leader	ME Head	QA Head	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 Top Management	Final Disposition <input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____
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# 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		

*Note: All details must be filled out completely. Submit this form to Line Leader immediately after accomplishment.*



FK

# KANEPACKAGE PHILIPPINE INC.

MEMO:

## JOB ORDER

Jhanine Santiago  
SO #: SO26-M-00318

Customer : SANYO DENKI PHILS INC		<b>JOB ORDER:</b>	
ITEM CODE: 00949344-01		JOM0070918	
NetSuite Itemcode: 00949344-01		KPSystem : JO26-M-00318-298	

Item Description : PRINT SPECIFICATION			
QTY: 1700	DELIVERY DATE: 2026-3-11	CREATED BY: Sharlotte Nicole Javier	DATE RELEASED: 2026-3-6
Raw Material Code: 1080X805 BF TX200	Qty To Be Used: 567	Over Run: 5	Cut Size:
		Actual Issued: 572	DR#: 2772
			SUPPLIER: PW

Tooling Ref# - 68-24/280      Ctrl/Batch #: \_\_\_\_\_      RM Issued By: cm 3/9

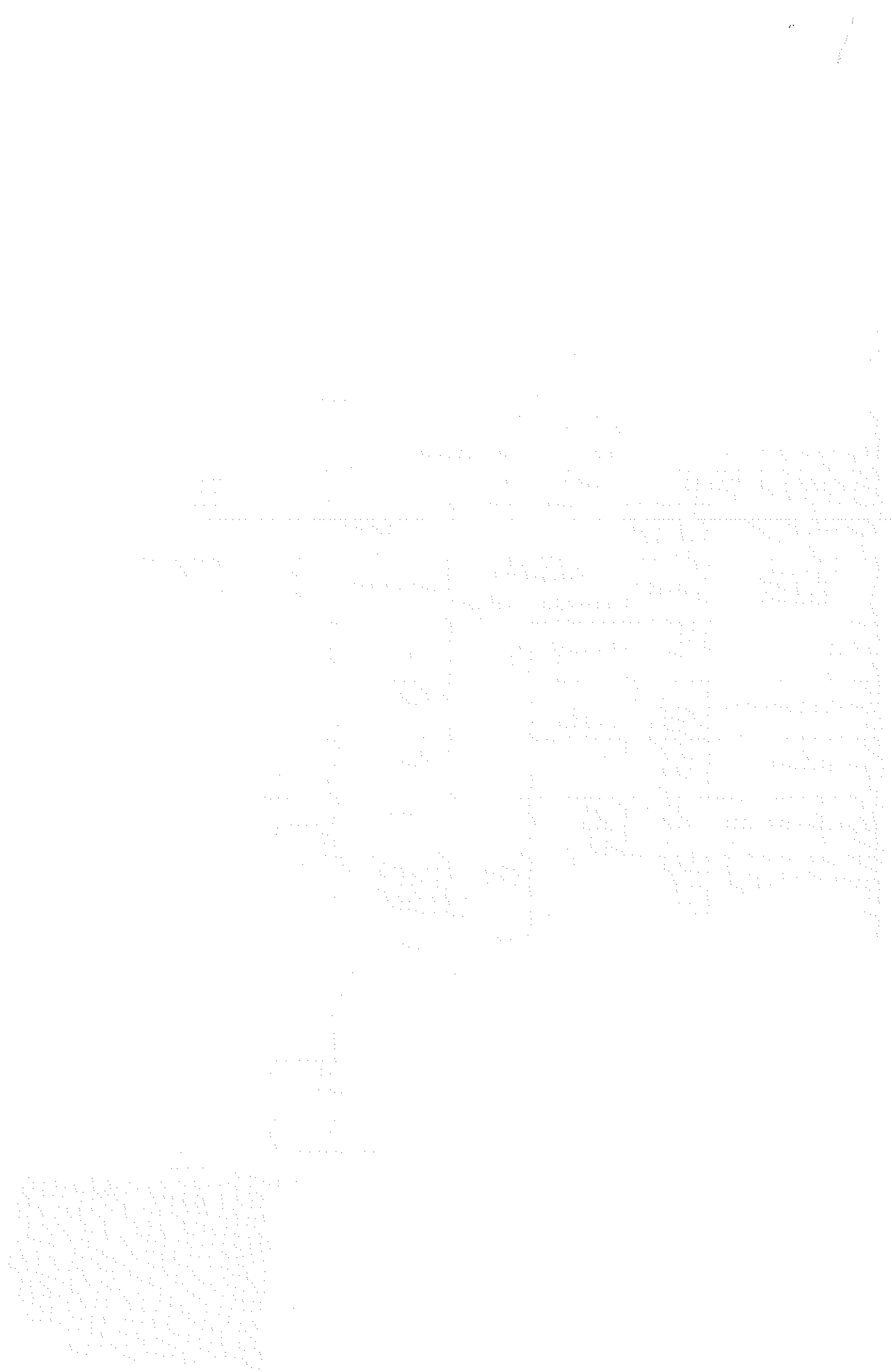
PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1.EQOS	3/9	EZYMP	pic	501	1	11			
2.DIECUT ETERNA	3/9	C/Kan		551		3			
3.DETACHING 1	3/10	NS		1686	G	R			
4.GLUING SD 1800	3/10	Nichy JPCA MABO		1040	G	10			
5.LOT NUMBERING	3/12		JAH	1000 + 400	G	R			
6.SCREENING	3/12		ERIC	1580	G	R		cel	
					G	R			
					G	R			
					G	R			

### REJECTION / ABNORMALITY HISTORY

Customer Claim: \_\_\_\_\_

Notes: PROPERTY NOT OUT  
BY \_\_\_\_\_  
DATE: 3/11

REMARKS: KP SYSTEM



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

**I. Item Information**

Customer	SANYO DENKI PHILS INC	Inspection Date	2009/12	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	NORTH	Delivery Date	260311	
Item Code	00949344-01	Job Order No.	JO26-M-00318-298	
Item Description	PRINT SPECIFICATION	Job Order Qty.	1700	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100%	<input type="checkbox"/> Sampling
Drawing Revision No.	07	Delivery Receipt No.	2972	
External Provider	PCP	Gluing Process	<input type="checkbox"/> Manual Gluing	<input type="checkbox"/> Semi-Auto Gluing
			<input checked="" type="checkbox"/> SD1800	

**II. Dimensional Inspection**

Sample	Drawing Specs	Tolerance	Inner Dimension			Other Critical Dimension			Printing Movement	Handhole
			Length	Width	Height	Length	Width	Height		
1	250	±3	250	120	100	U				
2	120		250	120	100					
3	160		250	120	160					
4	250					250	250	200		
5	128				128	128	128			
6	112				112	112	112			
7	10	±3						10	10	
8	10							10	10	
9	8							8	8	
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Measuring Tool Used: <input checked="" type="checkbox"/> Meter Tape <input type="checkbox"/> Thickness Gauge	Control Number: 28-28034-022	<input type="checkbox"/> Moisture Content Tester	<input type="checkbox"/> Zahn Cup	<input type="checkbox"/> Stopwatch
		<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
Winkle				Others	N/A	N/A	N/A
Delamination							
Uneven Kraft liner				C. CORRUGATED PALLET	In-house	External Provider	Total Quantity
Warpage				Color of Carton (Discoloration)	N/A	N/A	N/A
Cracking on edge				Fault 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				Damages:	N/A	N/A	N/A
Missing Print/ Character				Others:	N/A	N/A	N/A
Blotted Print							
Smeared Print				D. MOULDED ITEMS	In-house	External Provider	Total Quantity
Other Print Defect: <i>blurred print</i>				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
Worm-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				Discoloration	N/A	N/A	N/A
Damages				Excess Flashes	N/A	N/A	N/A
Others				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	7X700	7X700	/
STITCHED (Inside or Outside)	N		KS	Flute	BT	BT	/
				Others			K

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
N			K	N	K	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

VI. Inspection Result			VII. Sampling Inspection Result		
Total Qty Inspected	1,494	PPM Formula:	Total Sampling Qty Inspected	N	
Total Qty Good	1,580	Total Qty. NG	Total Sampling Qty Good		
Total Qty NG	40	Total Qty. Inspected x 1,000,000	Total Sampling Qty NG		
Defect Rate (PPM)	400% / 90,097 PPM		Defect Rate (PPM)		K

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.: AR2020-03-039		

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
J. RIVERA	[Signature]		[Signature]
QA Screening Inspector	QA Line Leader	QA Senior IE Staff	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							