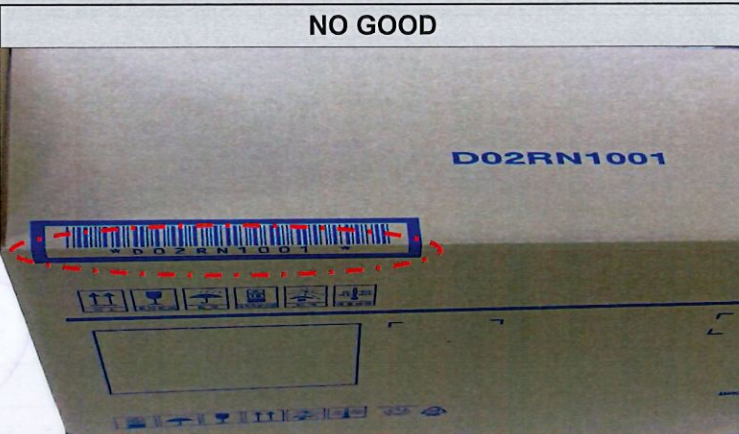


I. Item Information

Item Code	D02RN1001	Customer	BROTHER INDUSTRIES (PHILS.), INC.
Item Description	CARTON DEV UNIT ELLE X3	Delivery Date	260313
Inspection Date	260313	Inspection Time	1:10 am
Lot Quantity	3487 PCS.	Job Order Number	JO26-M-00329-28
Affected Quantity	90 PCS.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	2.58% / 25,810.15 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 5
Problem Description	MISALIGN PRINT	Delivery Receipt Number	N/A

GOOD

NO MISALIGN PRINT



III. Documented Information Review (To be filled out by QA Line leader)

Related Doc. Info.	Control Number	Requirement:	NO MISALIGN PRINT	
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	WITH MISALIGN PRINT up to 13mm	
<input checked="" type="checkbox"/> Technical Drawing :	BIP-0645-01AB			
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-018-19	Conclusion or Recommendation:	REJECT	
<input checked="" type="checkbox"/> Job Order :	JO26-M-00329-28			<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Reports :	AR2026-03-046			
<input checked="" type="checkbox"/> Defect Limit :	KPPI 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
C. MONTANO	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 _____

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

ABNORMALITY REPORT

VII. Sorting Instructions

Sorting Date	Sorting Time		No. of Man-power	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 Man-power	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 Man-power	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.

KANEPACKAGE PHILIPPINE INC.



902

PR-001-F12-REV.00

MEMO:

JOB ORDER

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

Customer : BROTHER INDUSTRIES (PHILS.), INC.		JOB ORDER:	
ITEM CODE: D02RN1001		JOM0071095	
NetSuite Itemcode: D02RN1001		KPSystem :	JO26-M-00329-28
Item Description : CARTON DEV UNIT ELLE X3			
QTY: 3500	DELIVERY DATE: 2026-3-13	CREATED BY: Sharlotte Nicole Javier	DATE RELEASED: 2026-3-8
Raw Material Code: 1160X1581 CF NPK180	Qty To Be Used: 1750	Over Run: 10	Cut Size: N/A
		Actual Issued: 1760	DR#: 3074
			SUPPLIER: PW

Tooling Ref# - ~~DD~~ F2-43-10

Ctrl/Batch #:

RM Issued By: *my* 3/11

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1.EQOS	3/11	STANE	1750/11	1755	3	5	5	---	OK
2.DIECUT ETERNA	3/11	CYRAN		1755	G	R			
3.DETACHING 1	3/12	M		1400 2100	G	R			
4.GLUING SA 2600	3/12	CC		1200 1687	G	R			
5.LOT NUMBERING	3/13		MAA	3150	G	R			
6.SCREENING	3-13		3150 CERRA	3,140	G	R	127		
					G	R			
					G	R			
					G	R			

REJECTION / ABNORMALITY HISTORY:

Customer Claim:

PRODUCTION OUT
BY: CBS
DATE: 3/13
KP SYSTEM

Notes:

REMARKS:

1800 TO QA on 3/13

KANEPACKAGE PHILIPPINES INC.

Part Code: D02RN1001
Part Name: CARTON DEV UNIT ELLE (X3)
Production Date: 280343
Lot Number: JO26-M-00329-28
Quantity: 10 pcs.
P.O.: N/A
Mold No./Cavity: N/A
Operator: QA-CG234
Remarks: MP



STAMP

3/13

STAMP

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

Control No.
SQB-03-000902

I. Item Information

Customer	BROTHER INDUSTRIES (PHILS.), INC.	Inspection Date	26/03/13	Shift:	<input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date	260313	Job Order No.	JO26-M-00329-28
Item Code	D02RN1001	Job Order Qty.	3500	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling
Item Description	CARTON DEV UNIT ELLE X3	Delivery Receipt No.	2074	Gluing Process	<input type="checkbox"/> Manual Gluing <input checked="" type="checkbox"/> Semi-Auto Gluing
Model	N/A			<input type="checkbox"/> SD1800	
Drawing Revision No.	00				
External Provider	FW				

II. Dimensional Inspection

Sample	Drawing Specs	Tolerance	Inner Dimension			Other Critical Dimension			Printing Movement	Handhole
			Length	Width	Height	Length	Width	Height		
1	380	±0.5	387	362	181					
2	360		387	362	181					
3	100		387	362	181					
4	384	-0				387	387	397		
5	159					560	560	560		
6	344					347	347	347		
7	105	±0.5				186	186	186		
8	189					189	189	189		
9	20								21 21	
10	171	±0.5							127 127	
11	22								20 20	
12	10								11 11	
11	49							52 52		
13										
14										
15										
16										
17										
18										
19										
20										

Measuring: Meter Tape Moisture Content Tester Zahn Cup Stopwatch
 Tool Used: Thickness Gauge Weighing Scale Steel Ruler 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		4	4	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
Bilster				Crack/ Damages	N/A	N/A	N/A
Wrinkle	H			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 :				Damages :	N/A	N/A	N/A
Missing Print/ Character				Others :	N/A	N/A	N/A
Blotted Print				D. MOULDED ITEMS			
Smeared Print				In-house	External Provider	Total Quantity	
Other Print Defect: <i>Misaligned PRINT</i>	90		90	Poor Fusion	N/A	N/A	N/A
Linermark				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	B		B	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				Discoloration	N/A	N/A	N/A
Damages :	5 B		5 B	Excess Flashes	N/A	N/A	N/A
Others :	9 B		9 B	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	HPK 180	XPK 180	/
				Flute	CF	CF	/
STITCHED (Inside or Outside)	H	/	/	Others	X /	/	/

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
H	/	/	/	X /	/	<input type="checkbox"/> Good <input type="checkbox"/> No Good
						<input type="checkbox"/> Good <input type="checkbox"/> No Good

VI. Inspection Result

VII. Sampling Inspection Result

Total Qty Inspected	3,467	PPM Formula: Total Qty. NG Total Qty. Inspected x 1,000,000	Total Sampling Qty Inspected	
Total Qty Good	3,260		Total Sampling Qty Good	X /
Total Qty NG	127		Total Sampling Qty NG	/
Defect Rate (PPM)	3.64 / 36,000.99		Defect Rate (PPM)	/

VIII. Disposition

IX. Remarks

- Good
 - Backload
 - For Sorting
 - For Rework
 - For Special Acceptance
 - Conditional (Please indicate details)
- Abnormality Report Control No.:

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
C. MORTANIO			
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		
X	/	/		
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