


I. Item Information			
Item Code	RX1-5781-000 Z10 CARTON	Customer	CBMP
Item Description	Z10_CARTON	Delivery Date	260316
Inspection Date	260316	Inspection Time	11AM
Lot Quantity	1,000 PCS	Job Order Number	JO-F-26-3-128
Affected Quantity	24 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	2.40% 24,000 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 3
Problem Description	SCRATCHES	Delivery Receipt Number	N/A

II. Visual Reference (Defect Illustration)	
<h2 style="margin:0;">NO SCRATCHES</h2>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"> <div style="text-align: center; padding: 5px;">NO GOOD</div>  </div>

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 CBM-0473-01 WI-QA-001-010 JO-F-26-3-128 AR2026-03-052 CBMP DEFECT LIMIT	Requirement: SCRATCHES NOT ACCEPTABLE Actual: WITH SCRATCHES (CUSTOMER LOGO)	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> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Person In Charge	Target Date	Signature						
Person In Charge	Target Date	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
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 <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 _____
--	---	--	---

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		

3

Amend-03-021
Amend-03-022 978

KANEPACKAGE PHILIPPINE INC.

PR-001-F12-REV.00

MEMO: JO-F-26-3-128

JOB ORDER

SO # :

Customer : CANON BUSINESS MACHINE PHILS.		JOB ORDER:	
ITEM CODE: RX1-5781-000-RMFG		JOM0071542	
NetSuite Itemcode: RX1-5781-000-RMFG		KPSystem :	
Item Description : Z10_CARTON			
QTY: 1000	DELIVERY DATE: 2026-3-16	CREATED BY: Jhee Ann Mendonez	DATE RELEASED: 2026-3-12
Raw Material Code: 775X1494 EBF-NPK280	Qty To Be Used: 1000	Over Run: 20 N/A	Actual Issued: 1020
			DR#: 2211
			SUPPLIER: PA

Tooling Ref# - E4-22 Ctrl/Batch #: DKTS RM Issued By: 27/3/23

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1.EQOS	3/13	FACE	2023/3/13	1020	1				
2.DIECUT S1700-2	3/13	JS		1008	2	12			
3.GLUING CONVEYOR 2					G	R			
4.LOT NUMBERING					G	R			
5.SCREENING					G	R			
					G	R			
					G	R			
					G	R			

REJECTION / ABNORMALITY HISTORY:

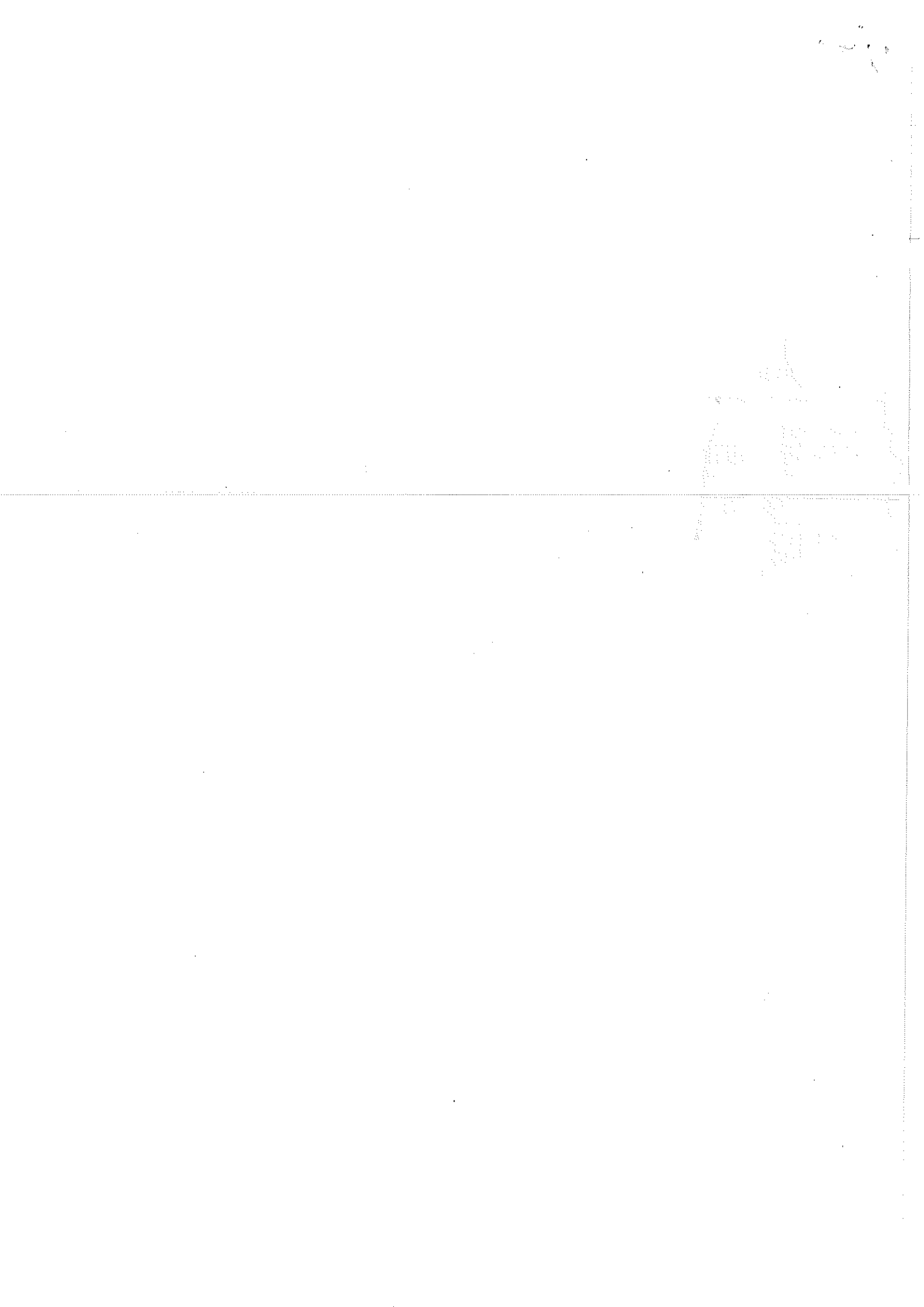
Customer Claim:

Notes:

REMARKS: JO-F-26-3-128

WHOLE CUT

NAME: JS DATE: 3/13



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

I. Item Information

Customer	CANON BUSINESS MACHINE PHILS.	Inspection Date	26/03/16	Shift:	<input type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date			250316
Item Code	RX1-5781-000-RMFG	Job Order No.			JO-F-26-3-128
Item Description	Z10_CARTON	Job Order Qty.			1000
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100%	<input type="checkbox"/> Sampling	
Drawing Revision No.	06	Delivery Receipt No.	3211		
External Provider	PC	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						
Sample	Drawing Specs	Tolerance	Inner Dimension			Other Critical Dimension			Printing Movement		Handhole
			Length	Width	Height	Length	Width	Height			
1	434	} +3 -4	434	270	446	L					2
2	270		434	270	446						
3	446		434	270	446						
4	21	} +5							21	21	
5	20								20	20	
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Measuring Meter Tape Control Number: 25-25129-070 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				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
Warpage				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: BROKEN POINT	53		53	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	3		3	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: SCRATCH	24		24				
Others:							

SPOT

4

4

**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)	128105	128108	-	Corrugated	KPK 280	KPK 280	-
STITCHED (Inside or Outside)			-	Flute	BBF	BBF	-
			-	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
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
				BQICS Compliance (For Epson items only)			
				<input type="checkbox"/> Good <input type="checkbox"/> No Good			

VI. Inspection Result			VII. Sampling Inspection Result		
Total Qty Inspected	94	PPM Formula: $\frac{\text{Total Qty NG}}{\text{Total Qty Inspected}} \times 1,000,000$	Total Sampling Qty Inspected		
Total Qty Good	10		Total Sampling Qty Good		
Total Qty NG	84		Total Sampling Qty NG		
Defect Rate (PPM)	89.36%		Defect Rate (PPM)		

VIII. Disposition		IX. Remarks	
<input checked="" type="checkbox"/> Good <input type="checkbox"/> Backload <input checked="" type="checkbox"/> For Sorting <input type="checkbox"/> For Rework	<input type="checkbox"/> For Special Acceptance <input type="checkbox"/> Conditional (Please indicate details)	Abnormality Report Control No.: <u>AKMML-03-051 / AKMML-03-052</u>	

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
<u>N. Ramoco</u>	<u>[Signature]</u>		<u>[Signature]</u>
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		
<u>a</u>				
Total				

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