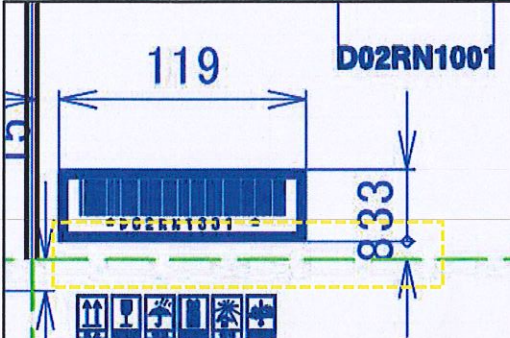



**I. Item Information**

Item Code	D02RN1001	Customer	BROTHER
Item Description	CARTON DEV UNIT ELLE X3	Delivery Date	260318
Inspection Date	260319	Inspection Time	4:00 PM
Lot Quantity	1000 PCS.	Job Order Number	JO26-M-00329-241
Affected Quantity	29 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	2.90% 29,000 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 5
Problem Description	MISALIGN DIECUT	Delivery Receipt Number	N/A

**II. Visual Reference (Defect Illustration)**

GOOD	NO GOOD																		
 <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2">TOLERANCE</th> </tr> </thead> <tbody> <tr> <td>DIMENSION:</td> <td>+5/-0</td> </tr> <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> <tr> <td>PRINT:</td> <td>+/-5</td> </tr> </tbody> </table>	TOLERANCE		DIMENSION:	+5/-0	>=50	+/- 1	51~200	+/- 2	201~400	+/- 3	401~700	+/- 4	701~1000	+/- 5	1000<	+/- 8	PRINT:	+/-5	
TOLERANCE																			
DIMENSION:	+5/-0																		
>=50	+/- 1																		
51~200	+/- 2																		
201~400	+/- 3																		
401~700	+/- 4																		
701~1000	+/- 5																		
1000<	+/- 8																		
PRINT:	+/-5																		

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 BIP-0645-01AB WI-QA-001-010 JO26-M-00329-241 AR2026-03-071 BROTHER DEFECT LIMIT	Requirement: PRINT TO CREAMING 8 MM TOLERANCE +/-5 MM  Actual: 0 MM - MISALIGN DIECUT  Conclusion or Recommendation: REJECT	<input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
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**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,			
		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

Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
L. ARISGADO	A. FILIPINAS		M. CASILLANO	260323
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	Approved by	Final Disposition
	<input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need	Top Management	<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		

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

*Amfa*

*pm*

1258

**JOB ORDER**

MEMO:

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

<b>Customer :</b> BROTHER INDUSTRIES (PHILS.), INC.		<b>JOB ORDER:</b>
<b>ITEM CODE:</b> D02RN1001		JOM0071756
NetSuite Itemcode: D02RN1001		<b>KPSystem :</b> JO26-M-00329-241

**Item Description :** CARTON DEV UNIT ELLE X3

<b>QTY:</b> 1000	<b>DELIVERY DATE:</b> 2026-3-18	<b>CREATED BY:</b> Jhee Ann Mendonez	<b>DATE RELEASED:</b> 2026-3-14
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<b>Raw Material Code:</b> 1160X1581 CF NPK180	<b>Qty To Be Used:</b> 500	<b>Over Run:</b> 10	<b>Cut Size:</b> N/A	<b>Actual Issued:</b> 510	<b>DR#:</b> 7742	<b>SUPPLIER:</b> PW
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Tooling Ref# - *E2-47-10A* Ctrl/Batch #: \_\_\_\_\_ RM Issued By: *Elmer 9/10*

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1.EQOS	3/6	YERMP	<i>pic</i>	504	G	R			
2.DIECUT ETERNA	3/16	BET		504	G	R			
3.DETACHING 1	3/19	PS		1658	G	R			
4.GLUING SA 2600	3/19	DH		10000	G	R			
5.LOT NUMBERING	3/19		<i>ana</i>	10000	G	R			
6.SCREENING	3/14		<i>LESTER</i>	960	G	R	20	20	
					G	R			<i>20096</i> <i>1000</i>
					G	R			<i>20096</i> <i>960</i>
					G	R			<i>20096</i> <i>100</i>

**REJECTION / ABNORMALITY HISTORY:**

Customer Claim: **PRODUCTION OUT**

BY: *CS*

DATE: *3/19*

Notes:

REMARKS: **KP SYSTEM**

**KANEPACKAGE PHILIPPINES INC.**

Part Code	D02RN1001
Part Name	CARTON DEV UNIT ELLE (X3)
Production Date	280319
Lot Number	JO26-M-00329-241
Quantity	10 pcs.
P.O.	N/A
Mold No./Cavity	N/A
Operator	QA-KP791
Remarks	MP

**STAMP**

*20096*

**STAMP**

*100*



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

Control No.  
**SQB-03-001258**

**I. Item Information**

Customer	BROTHER INDUSTRIES (PHILS.), INC.	Inspection Date	11/03/19	Shift:	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	260318	Job Order No.	JO26-M-00329-241
Item Code	D02RN1001	Job Order Qty.	1000	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling
Item Description	CARTON DEV UNIT ELLE X3	Delivery Receipt No.	PHILC	Gluing Process	<input checked="" type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing
Model	N/A				<input type="checkbox"/> SD1800
Drawing Revision No.	00				
External Provider	PACKAGE WPHD				

**II. Dimensional Inspection**

Time Conducted Sample #1:	11:10	Time Conducted Sample #2:	11:40	Time Conducted Sample #3:	12:00					
Sample	Drawing Specs	Tolerance	Inner Dimension			Other Critical Dimension			Printing Movement	Handhole
			Length	Width	Height	Length	Width	Height		
1	300		300	200	100	N/A			N/A	N/A
2	300		300	200	100	N/A			N/A	N/A
3	300		300	200	100	N/A			N/A	N/A
4	300	±0.5				185	140	125	N/A	N/A
5	300					185	140	125	N/A	N/A
6	300					185	140	125	N/A	N/A
7	300	±0.5							N/A	N/A
8	300	±0.5							N/A	N/A
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Measuring Tool Used:	<input checked="" type="checkbox"/> Meter Tape	Control Number:	25-25011W	<input type="checkbox"/> Moisture Content Tester	<input type="checkbox"/> Zahn Cup	<input type="checkbox"/> Stopwatch
	<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		20	20	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				<b>C. CORRUGATED PALLET</b>			
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 / Burstling 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				<b>D. MOULDED ITEMS</b>			
Smearred Print				In-house	External Provider	Total Quantity	
Other Print Defect : <u>Misalign Print</u>	20		20	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
Slain :				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
Wom-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			Corrugated	MOULDED		
STITCHED (Inside or Outside)	INSIDE			Flute	MOULDED		
				Others	N		

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				N		<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	Actual	PPM Formula:	Total Sampling Qty Inspected	Total Sampling Qty Good	Total Sampling Qty NG
	1000	$\frac{\text{Total Qty NG}}{\text{Total Qty. Inspected}} \times 1,000,000$			
Total Qty Good	960				
Total Qty NG	40				
Defect Rate (PPM)	40,000 PPM				

VIII. Disposition		IX. Remarks	
<input checked="" type="checkbox"/> Good	<input type="checkbox"/> For Special Acceptance	Abnormality Report Control No.: AR2026-03-011/012	
<input type="checkbox"/> Backload	<input type="checkbox"/> Conditional (Please indicate details)		
<input type="checkbox"/> For Sorting			
<input type="checkbox"/> For Rework			

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
L. ANGLA	J. FELIX		
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/A			
				A			



