

I. Item Information

Item Code	D0397R001	Customer	BROTHER
Item Description	CARTON CL BTL21 (X20) PH	Delivery Date	260328
Inspection Date	260326	Inspection Time	7:00 AM
Lot Quantity	1,386 PCS.	Job Order Number	JO26-M-00329-303
Affected Quantity	46 PCS.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	3.31% 33,189 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 3
Problem Description	PEEL OFF	Delivery Receipt Number	N/A

II. Visual Reference (Defect Illustration)

GOOD	NO GOOD
<ul style="list-style-type: none"> Maximum 5mm(diameter) (Outside printer image & Brother logo, no peeled text and characters). Maximum of 2pcs only. 	

Related Doc. Info.	Control Number	Requirement:	MAXIMUM 5MM DIAMETER (OUTSIDE PRINTER IMAGE & BROTHER LOGO, NO PEELED TEXT AND CHARACTERS)
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	
<input checked="" type="checkbox"/> Technical Drawing :	BIP-0801-01AB-01	Conclusion or Recommendation:	REJECT <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010		
<input checked="" type="checkbox"/> Job Order :	JO26-M-00329-303		
<input checked="" type="checkbox"/> Reports :	AR2026-03-093		
<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 (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
<i>V. ENNACE</i>	<i>J. RELLORA</i>		<i>M. CASLANO</i>	<i>[Signature]</i>
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 _____

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

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		

IX 900
IX 400

F13

1584

KANEPACKAGE PHILIPPINE INC.

PR-001-F12-REV.00

JOB ORDER

MEMO:

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

Customer : BROTHER INDUSTRIES (PHILS.), INC.	JOB ORDER:
ITEM CODE: D0397R001	JOM0072397
NetSuite Itemcode: D0397R001	KPSYSTEM : JO26-M-00329-303

Item Description : CARTON CL BTL21(X20) PH

QTY: 1500	DELIVERY DATE: 2026-3-28	CREATED BY: Princes Manzanero	DATE RELEASED: 2026-3-23
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Raw Material Code: 778X1007 CF NPK180	Qty To Be Used: 750	Over Run: 20	Cut Size: N/A	Actual Issued: 770	DR#: <i>kw</i>	SUPPLIER: <i>kw</i>
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Tooling Ref# *17-6* Ctrl/Batch #: _____ RM Issued By: *ey 3/24*

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1.EQOS	3/24	PPAJF		700	G	R	10		
2.DIECUT S1700	3/24	RCT		700	G	R			
3.DETACHING	3/24	MS		1248 272	G	R	77		
4.GLUING CONVEYOR 3	3/26	O/S		1464	G	R	56		
5.LOT NUMBERING	3/26		JAH	1100	G	R			
6.SCREENING	3/26		VICT.	1280 1330	G	R	56		
					G	R			
					G	R			
					G	R			

REJECTION / ABNORMALITY HISTORY:

Customer Claim: _____

Notes: _____

PRODUCTION OUT
BY: *BEJH* 3/26
DATE: _____
KP SYSTEM

W

KANEPACKAGE PHILIPPINES INC.	
Part Code	D0397R001
Part Name	CARTON CL BTL21 (X20) PH
Production Date	260326
Lot Number	JO26-M-00329-303
Quantity	10 pcs
P.O.	N/A
Mold No./Cavity	N/A
Operator	QA-KP725
Remarks	MP



STAMP

STAMP

REMARKS: _____

KANEPACKAGE PHILIPPINE INC. **SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)** Control No. **SQB-03-001584**

I. Item Information

Customer	BROTHER INDUSTRIES (PHILS.), INC.	Inspection Date	260324	Shift:	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	260328	Job Order No.	JO26-M-00329-303
Item Code	D0397R001	Job Order Qty.	1500	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling
Item Description	CARTON CL BTL21 (X20) PH	Delivery Receipt No.		Gluing Process	<input checked="" type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing
Model	N/A				<input type="checkbox"/> SD1800
Drawing Revision No.	01				
External Provider	JW				

II. Dimensional Inspection

Time Conducted Sample #1:	7:00	Time Conducted Sample #2:	9:00	Time Conducted Sample #3:	11:00					
Sample	Drawing Specs	Tolerance	Inner Dimension			Other Critical Dimension			Printing Movement	Handhole
			Length	Width	Height	Length	Width	Height		
1	259	±0.5	259	193	110					
2	193		259	193	110					
3	110		259	193	110					
4	34.2					34.2	34.2			
5	9.9					10	10			
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Measuring Meter Tape Control Number: 26-21078-014 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			
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 :				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
Worn-out				Foreign Materials	N/A	N/A	N/A
Dent				Wet / Moist	N/A	N/A	N/A
Punctured	3		3	Dirt	N/A	N/A	N/A
Tear-off	3		3	Stain :	N/A	N/A	N/A
Peel-off	46		46	Discoloration	N/A	N/A	N/A
Damages :				Excess Flashes	N/A	N/A	N/A
Others : <u>OVERLAP</u>	4		4	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	NPK 180	NPK 180	/
STITCHED (Inside or Outside)	U	A		Flute	CF	CF	/
				Others	U	A	

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
U	A			U	A	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

VI. Inspection Result			VII. Sampling Inspection Result		
Total Qty Inspected	1386	PPM Formula: $\frac{\text{Total Qty NG}}{\text{Total Qty Inspected}} \times 1,000,000$	Total Sampling Qty Inspected	U / A	
Total Qty Good	1370		Total Sampling Qty Good		
Total Qty NG	16		Total Sampling Qty NG		
Defect Rate (PPM)	4.047 / 50409.04 PPM		Defect Rate (PPM)		

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.: AR2026-03-093		

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
V. ENNAKE	<i>[Signature]</i>		<i>[Signature]</i>
QA Screening Inspector	QA Line Leader	QA Senior IE Staff	QA Head

X. Reject & Reworks Item Verification			
Defect	Verification Quantity		Remarks:
	Good	No-Good	
	U	A	
Total			

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