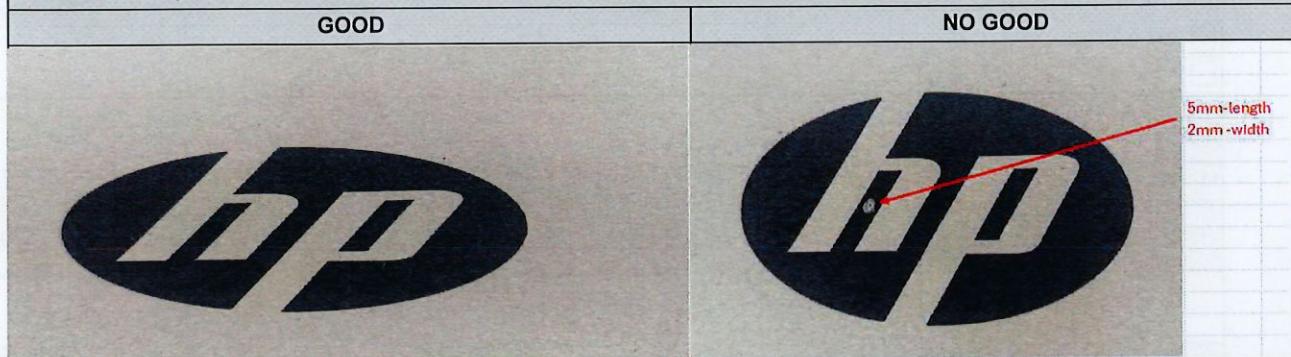


I. Item Information

Item Code	RJ1-1228-000	CUSTOMER	CANON BUSINESS MACHINE PHILS.
Item Description	FIXING ASSY BOX	Delivery Date	250813
Inspection Date	250812	Inspection Time	
Lot Quantity	700	Job Order Number	JOFO016661
Affected Quantity	34	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	4.85%	Date Received	250807
Sampling Quantity (IQA)		Detection (Section / Area)	KP FPIP QA INSPECTION
Problem Description	SPOT	Delivery Receipt Number	21350

II. Visual Reference (Defect Illustration)



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

Related Doc. Info.	Control Number	Requirement:	NO SPOT		
<input type="checkbox"/> Procedure Manual :	PM-QA-018				
<input type="checkbox"/> Technical Drawing :	CBM-0552-01AB	Actual:	SPOT		
<input type="checkbox"/> Work Instruction :	WI-FQA-001-001				
<input type="checkbox"/> Job Order :	JOFO016661	Conclusion or Recommendation:			<input type="checkbox"/> Applicable
<input type="checkbox"/> Reports :	ARFP2025-08-004				<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Defect Limit :	CBMP DEFECT LIMIT				<input type="checkbox"/> Applicable

IV. Initial Disposition (To be filled out by ME Department If Needed)

<input type="checkbox"/> Good	<input type="checkbox"/> Conditional (Please Indicate details)	<input 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

Remarks:

JUDGEMENT
(If subject is for issuance of IRF / CAR)

<input type="checkbox"/> FOR 5 WHY ISSUANCE
<input type="checkbox"/> FOR CAR ISSUANCE
<input type="checkbox"/> FOR IRF ISSUANCE

Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
	A. PLATON / C. FLORES			
QA Inspector	QA Line Leader QA Sr. IE	ME Head	QA Head	QA Staff

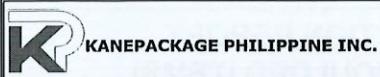
Important: Backloading Policy (External Provider Rejects)
Rejection rate that is more than 80% of the total quantity shall be approved by Top Management before backloading.

Evaluation	Approved by	Final Disposition
<input type="checkbox"/> <80% No Need		<input type="checkbox"/> Backload
<input type="checkbox"/> >80% Need	Top Management	<input type="checkbox"/> Accept <input type="checkbox"/> Other _____

VIII. Sorting Details								
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.



SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.

SQA-08-000324

I. Item Information

Customer	CANON BUSINESS MACHINE (PHILS.) INC.	Inspection Date	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	FPIP	Delivery Date	
Item Code	RJ1-1228-000	Job Order No.	6661
Item Description	FIXING ASSY OUTER BOX	Job Order Qty.	
Model	L1156	Inspection Method	<input type="checkbox"/> 100% <input type="checkbox"/> Sampling
Drawing Revision No.	01	Delivery Receipt No.	
External Provider		Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input type="checkbox"/> SD1800

II. Dimensional Inspection

Time Conducted Sample #1:				Time Conducted Sample #2:				Time Conducted Sample #3:			
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1						16					
2						17					
3						18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Measuring Tool Used: Meter Tape Moisture Content Tester Zahn Cup Stopwatch
 Thickness Gauge Weighing Scale Steel Ruler Caliper Control Number of Measuring Tool Used:

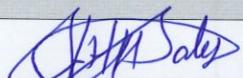
III. Visual Inspection (Leave cell blank if no detection on Applicable Criteria. Ensure to put actual quantity of defect based on classification or "N/A" if Not Applicable)

A. CORRUGATED ITEM / BOX / DANPLA	In-house	External Provider	Total Quantity	B. PALLET		In-house	External Provider	Total Quantity
				Condition of Wood	Rusty Nail			
Scoring				Warping	N/A	N/A	N/A	N/A
Grain Direction				Fumigation Stamp	N/A	N/A	N/A	N/A
Paper Shade (Off Color)				Crack/ Damages	N/A	N/A	N/A	N/A
Bubbles				Others	N/A	N/A	N/A	N/A
Blister				C. CORRUGATED PALLET		In-house	External Provider	Total Quantity
Wrinkle				Color of Carton (Discoloration)	N/A			
Delamination				Flute of Material	N/A	N/A	N/A	N/A
Uneven Kraft liner				Type of Adhesion	N/A	N/A	N/A	N/A
Warpage				Adhesion of Runner	N/A	N/A	N/A	N/A
Cracking on edge				Rusty Wire	N/A	N/A	N/A	N/A
Bursting / Bursting on Edge (Crowfeet)				Wrong Orientation	N/A	N/A	N/A	N/A
Wrong die-cut orientation				Damages: _____	N/A	N/A	N/A	N/A
Inverted die-cut				Others : _____	N/A	N/A	N/A	N/A
Close Gap/ Wide Gap				D. MOULDED ITEMS		In-house	External Provider	Total Quantity
Print Color : _____				Poor Fusion	N/A			
Missing Print/ Character				Chip Off	N/A	N/A	N/A	N/A
Blotted Print				Warp / Deform	N/A	N/A	N/A	N/A
Smeared Print				Crack	N/A	N/A	N/A	N/A
Other Print Defect : _____				Broken	N/A	N/A	N/A	N/A
Linemark				Scratches	N/A	N/A	N/A	N/A
Fish-eye				Foreign Materials	N/A	N/A	N/A	N/A
Stain : _____				Wet / Moist	N/A	N/A	N/A	N/A
Excess Glue				Dirt	N/A	N/A	N/A	N/A
Gluing Defect : _____				Stain : _____	N/A	N/A	N/A	N/A
Worn-out				Discoloration	N/A	N/A	N/A	N/A
Dent				Excess Flashes	N/A	N/A	N/A	N/A
Punctured				Others :	N/A	N/A	N/A	N/A
Tear-off								
Peel-off								
Damages : _____								
Others :								



KANEPACKAGE PHILIPPINE INC.

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)	<i>INSIDE</i>	<i>INSIDE</i>	-		Corrugated	<i>TX 200 / cm 105 x 3 / TX 200</i>				
STITCHED (Inside or Outside)	<i>n/a</i>				Flute	<i>CB PLATE</i>	<i>CB PLATE</i>	/		
					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			<input type="checkbox"/> Good <input type="checkbox"/> No Good	
						Scan 2			<input type="checkbox"/> Good <input type="checkbox"/> No Good	
					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				Defect Rate Formula: Total Quantity NG Total Qty. Inspected x100		Total Sampling Qty Inspected				
Total Qty Good						Total Sampling Qty Good				
Total Qty NG						Total Sampling Qty NG				
Defect Rate in %			PPM Formula: Total Quantity NG Total Qty. Inspected x1,000,000		Defect Rate in %					
in PPM					in PPM					
VIII. Disposition						IX. Remarks				
<input checked="" type="checkbox"/> Good	<input type="checkbox"/> For Special Acceptance					OQA REPORT				
<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.: _____									
Inspected by 		Checked by			Approved by (If there are major concerns)			Verified by (If there are major concerns)		
QA Screening Inspector		QA Line Leader			QA Supervisor / QA Asst. Supervisor			QA Head		

Visual inspection Summary



KANE PACKAGE PHILIPPINE INC.

JOF0016661



JOB ORDER

LPR-004-F04-REV.01

Prepared By :	KPPI FPIP Warehouse	Date Needed: 2025/8/15
Date Prepared :	2025/8/8	KpSys #: JO25-F-00160-135
Customer: CANON BUSINESS MACHINE PHILS.	QR Code	Finished Goods: RJ1-1228-000 FIXING ASSY PARTITION

Materials Required

Issued By: _____

CODE	DESCRIPTION	QUANTITY	EXCESS	ISSUED QTY	DR NO.	SUPPLIER	RECEIVED ON
RJ1-1228-00B.C1	FIXING ASSY PART B	11067 pcs					
RJ1-1228-00C.C2	FIXING ASSY PART C	11067 pcs					
RJ1-1228-00D.C3	FIXING ASSY PART D	11067 pcs					
RJ1-1228-00E/F.C4	FIXING ASSY PART E/F	11067 pcs					
RJ1-1228-00G/H.C5	FIXING ASSY PART G/ H	11067 pcs					

PROCESS	DATE	TIME		GOOD QTY		TRIAL RUN	REJECT QTY		Incharge
		Start	End	A	B		In-house	Supplier	
1. SCREENING	25/08/08 25/08/11	72745		727 700		G R		4	SALES
2. LOT NUMBERING	25/08/12			700		G R	3	37	SALES
3. OQA INSPECTION						G R			
						G R			
						G R			
						G R			
						G R			

Remarks:

