

TOP GLOVE GROUP OF COMPANIES

Customer Compliance Form (CCF) For Cleanroom Gloves

Factory	: 18A 18B				PI No	:		
Customer	:					PO No	:	
Country of Shipment / ETD	:					Brand	:	
Glove Type	:					OIC	:	
How many products in this order?	:					AQL	:	
Order	:	1st Order <input type="checkbox"/>	Repeat Order <input type="checkbox"/>					
ETD Month	:					Only for the product that you checked		
Size Ratio (in ctns)	:	<div style="display: flex; justify-content: space-around; align-items: center;"> <div>XS <input type="checkbox"/></div> <div>S <input type="checkbox"/></div> <div>M <input type="checkbox"/></div> <div>L <input type="checkbox"/></div> <div>XL <input type="checkbox"/></div> </div>						
Quantity	:	<div style="display: flex; justify-content: space-around; align-items: center;"> <div>20ft <input type="checkbox"/></div> <div>40ft <input type="checkbox"/></div> <div>40ft HQ <input type="checkbox"/></div> <div>LCL <input type="checkbox"/></div> </div>						
Previous Complaint	:	<div style="display: flex; justify-content: space-between;"> (A) Torn / Holes (B) Easy Tearing (C) Sticky (D) Discoloration (E) GNO </div>						
<i>(Please circle accordingly)</i>		<div style="display: flex; justify-content: space-between;"> (F) Lumps (G) Thin Area (H) Insects (I) NRD (J) Mixed Size </div>						
		<div style="display: flex; justify-content: space-between;"> (K) Poor Beading (L) Roll Cuff </div>						
		Others: _____						
Any Special Lot No Required?	:	_____						
Any Other Special Requirements?	:	_____						

IMPORTANT:- To check 3 polybags of different sizes (if possible) from 3 different cartons.

(A) Artwork and Packaging Material Quality

1 Put all polybags into 1 carton and close it. To check whether it is too tight or too loose.
 Comments: ☐ OK ☐ Not OK, why? _____

2 To write "√" for YES and "X" for NO

(A) Labelling Compliance

	Polybag 1	Polybag 2	Polybag 3
i) Is the marking for sizes for both polybag and carton in order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) Is the Lot No, batch no, product features or etc requirement has been labeled correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Any discrepancy found on both polybag and carton boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv) If it is USA order, did it fulfill USA packaiga material requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(B) Visual Condition

v) Are there any printing or color defects on the carton?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi) Are the polybag in good condition without holes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii) Are the carton boxes in good condition (clean or dirty)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii) Any sticker used on the packaging material (carton)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(C) Other Aspects

ix) Is the glove type inside the polybag the correct type as per stated on the polybag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Do the packaging material comply to the special requirements of the customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 Other comments for packaging material:-

TOP GLOVE GROUP OF COMPANIES

(B) Glove Quality

1 Check the quality of the gloves in 3 polybags visually

Size	Packer's ID / Name	Defects Found* (please refer below)									Total
		FNO	DIS	PB	HO	TE	NRD	INS	LUM	Other	
i.											
ii.											
iii.											

Size	Recommendation / Comment			
i.	<input type="checkbox"/> PASS	<input type="checkbox"/> REWORK	<input type="checkbox"/> OTHER ACTION	
ii.	<input type="checkbox"/> PASS	<input type="checkbox"/> REWORK	<input type="checkbox"/> OTHER ACTION	
iii.	<input type="checkbox"/> PASS	<input type="checkbox"/> REWORK	<input type="checkbox"/> OTHER ACTION	

Other Comments for the Gloves Quality:-

(C) Action Taken ☐ Reward Letter ☐ Training Letter ☐ Other: _____

1 Reward Letter Issued (To who and any incentives? If yes, please indicate the amount)

2 Training Letter Issued (To who and any fines? If yes, please indicate the amount)

Checked By Name : _____ Date : _____ ID No : _____ Signature : _____	Confirmation By Packing Leader / Supervisor Name : _____ Date : _____ ID No : _____ Signature : _____	Acknowledged By Name : <u>KM Lee / Terence/ Kenny</u> Date : _____ Signature : _____
---	--	--

***GUIDELINE**

FNO = Finger Not Overturn
 DIS = Discoloration
 PB = Poor Beading
 HO = Holes
 TE = Tear
 NRD = Non-Removable Dirt
 INS = Insect
 LUM = Lump

**** IMPORTANT : Please submit form within 24 hours of the inspection**

REV. 27.09.07

(6)