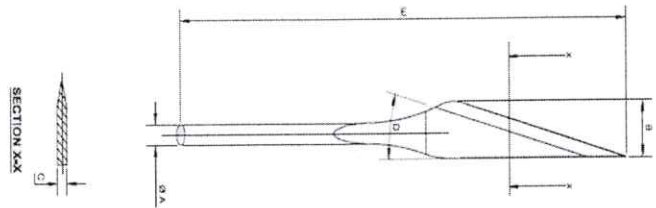














Quality Inspection Report (Inprocess Inspection)

Report :		QIRI20253124		Select the Appropriate Inspection Stage / Process									
Date		04-07-2025		Inprocess Inspection of Knives									
Production Order :		Surgicon So-0010 (3399 PCS)											
Item Code		SST15NSB											
Product Description		STRAIGHT 15.0°											
DHR :		20251420											
Batch :		F0488/2025											
Reference Drawing#		D10061											

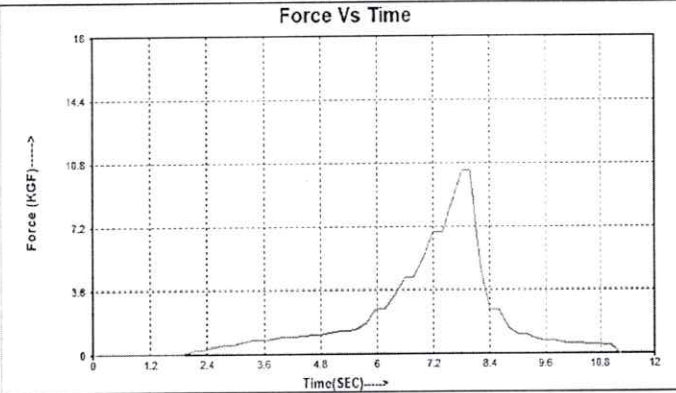

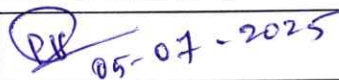
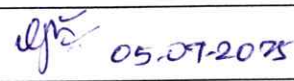
Sl.No.	Parameter	Requirement	Instrument Used	Setup Approval (Actual Readings/Observation)										Result (complied/Not Complied)	Remarks	
				1	2	3	4	5	6	7	8	9	10			
1	Handle colour & Handle Printing	As per BOM	Visual	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	Complied	
2	Tip Orientation	Tip straight to the Handle notch	Visual	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	Complied	
3	Width of the Blade	1.50 ± 0.1mm	Occular	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	Complied	
4	Surface Finish & Visual inspection	Matte Finish/free from defects	Visual/Microscope	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	Complied	2/1
5	Dye penetration test	No leakage on sealed area	Visual	NA										NA		
6	Sealing Width	10.00 ± 2mm	Steel rule	11.00	10.50	11.00	10.50	11.00	10.50	11.00	10.50	11.00	10.50	11.00	Complied	
7	Product Label description	As per Controlled copy	Visual	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	Complied	
8	Product appearance	free From Foreign Particles/deffects	Visual	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	Complied	
9	No of Pouches /Carton	As per Annexure	Visual	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	Complied	
10	No of Cartons /Corrugated Box	As per Annexure	Visual	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	Complied	
Inspected By (Name)		Misbah Noor.S		Signature (with date)					02-07-2025							

Quality Inspection Report (Inprocess Inspection)

Sl.No	Parameter	Instrument Used	Date / Time	Inprocess Samples Inspection (Put "✓" - Complied and "X" - Not Complied)										Inspected By (Signature)	Remarks																		
				1	2	3	4	5	6	7	8	9	10																				
1 2 3 4 5 6 7	Handle Print Tip Oriantation, Surface Finish & Visual Checks Product Label description Product Cleanlines, No of Pouches /Carton No of Cartons /Corrugated Box	Visual Visual Visual/Occular Visual Visual Visual Visual	06-07-2025	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			11:30 AM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			12:37 PM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			05-07-2025	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			09:42 AM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			12:30 PM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			02:00 PM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			03:30 PM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			07-07-2025	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			10:57 AM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			12:19 PM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			01:30 PM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			02:30 PM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			08-07-2025	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			09:40 AM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			11:30 AM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			01:30 PM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			02:30 PM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			03:30 PM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
			04:30 PM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																				
Sample Inspected Quantity			200 NO's	Accepted Batch Quantity			3302 PCS	Remarks		Nill																							
Defects Observed (Type)			Nill																														
Post Quality Inspection Result												Inspected By (Name)	M. S. Babu	Approved By (Name)	MURIGESHAPPA R																		
<input checked="" type="checkbox"/> Batch conform to the requirement and approved												Signature with date	 08-07-2025	Signature with date	 08-07-2025																		
<input type="checkbox"/> Batch do not conform to the requirement and not approved																																	
Note: Annexure to be provided for additional test report (if required)																																	

Quality Test Report

Report #	QIRI20253125	Type of Test	Attachment Strength Pull Test
Date::	05-07-2025	Testing Work Instruction #	SECPL_WI_056
Production Order #	Surgicon So-0010	Testing Equipment Name	PRESTO PULL & PEEL TESTER
Product Description	Straight 15.0	Equipment ID #	SECPL/INS/33
REE/MODEL #	SP 15.0	DHR #	20251420
Batch #	F0488/2025		

Sl.No.	Sample #	Requirement	Actual Readings/Observation	Result (Complied / Not Complied)	Test Graph/ Test Sample (Image)
1	SAMPLE 1	≥1.5 KGF	10.34 KGF	COMPLIED	<div> <div> PULL TEST  <p>Force Vs Time</p> <p>Force (KGF) vs Time (SEC)</p> <p>Specimen Nos. 1 2 3 4 5 6 7 8 9</p> <p>Max Force (KGF) 10.34</p> <p>Status(Pass/Fail) Pass</p> </div> <div>  <p>SHAH EYE CARE PVT LTD PLOT 8 9 KARUR INDUSTRIAL AREA PB ROAD DAVANAGERE KARNATAKA-577006</p> <p>Description</p> <p>Product name SP 15.0</p> <p>Operator HAZIYA</p> <p>Batch F0488/2025</p> <p>Sample ID Surgicon So-0010</p> <p>Shape -</p> <p>Standard > 1.5 KGF</p> <p>Min Force 10.34</p> <p>Max Force 10.34</p> <p>Date 05.07.2025</p> <p>Time 10:16:47</p> </div> </div>
Inspected By (Name) PRAVEN P K					Signature (with date)  05-07-2025
Post Test Result					Approved By (Name) MURIGESHAPPA R
<input checked="" type="checkbox"/> Batch conform to the requirement and approved					Signature (with date)  05.07.2025
<input type="checkbox"/> Batch do not conform to the requirement and not approved					