

Work Order Traveller**WO Date :** 09 Feb 2017 10:38Work Order No : **0000000117**Shipment # : **105711434**Part No : **340182**Batch/Serial No : **6180339**

Order Qty : 2400 EA



Qty Breakdown : 2 CAS

Legal Mfg : Not Required .

Mfg Site: Not Required

Imp License # : NR

Mfg Date : 2016-02

Exp Date: 2017-12

MRP Rs Price: NR

Regulated : Yes

Imp Date : NR

Work Order CreationWork Order
Created By : _____

Created Date : _____

Label Printing

Printed By : _____

Printed Date : _____

Work Order Processing

Performed By : _____

Performed Date : _____

Work Order Release by Authorize Quality Personnel (QC)

Released By : _____

Released Date : _____

Line Clearance Form for Label Printing (1 of 2)

Work Order No : 0000000117

Shipment # : 105711434

Part No : 340182

Batch/Serial No : 6180339

Section A : Line Clearance for Label Printing

S/N	Line Clearance Criteria	Please Tick
1	Free of previous work order labels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Free of previous work order records/documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Free of any item that is not required for label printing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Free of any item not required for the operation and work area is clean and tidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note : Proceed for label printing only when ALL line clearance criteria are checked with "Yes".

Performed by and Date : _____

Verified by QC and Date : _____

Section B : First and Last Label Inspection

S/N	Label Inspection Criteria	First Label			Last Label		
1	Is the Label Alignment correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
2	No Smudged printing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
3	Is the LWI No. correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
4	Is the LWI Revision No. correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
5	Is the Catalog/Part No. correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
6	Is the Import License No. correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
7	Is the Manufacturing Date correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
8	Is the Expiry Date correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
9	Is the Manufacturer Site Address correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
10	Is the Manufacturing Site Address correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
11	Is the Imported by Address correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
12	Is the MRP Rs correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR
13	Is the Warehouse site correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NR

Note : Proceed for mass printing only when ALL first label inspection criteria are checked with "Yes".

Performed by and Date : _____

Verified by QC and Date : _____

Line Clearance Form for Label Printing (2 of 2)

Work Order No : 0000000117

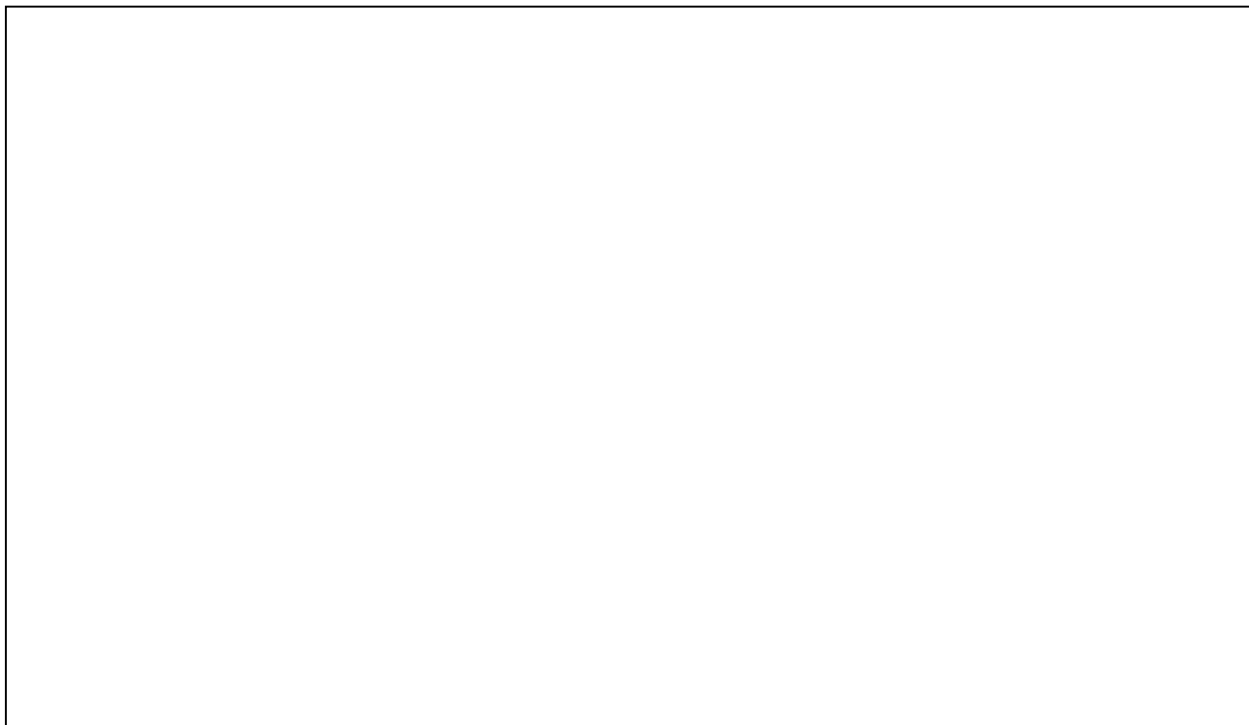
Shipment # : 105711434

Part No : 340182

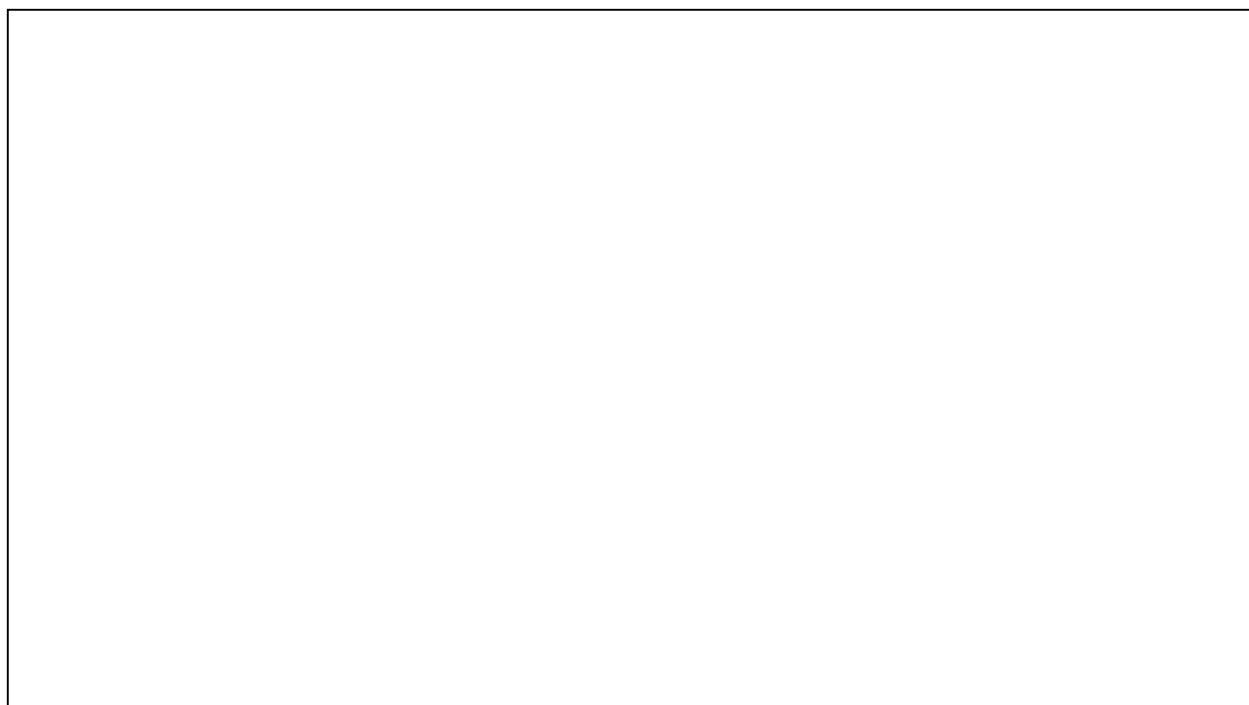
Batch/Serial No : 6180339

Section C : Attachment of First And Last Label

First Label



Last Label



Label Printing Summary

Work Order No : 0000000117**Shipment # :** 105711434**Part No :** 340182**Batch/Serial No :** 6180339

Type of Label	Unit/Pouch (Each)	Shelf (Each)	Case (Each)	Bundle (Set)
No of labels required for Label Inspection				
No of labels required for Sub-Labeling				
Total No of labels printed				

No. of Print				
Print 1				
Print 2				
Print 3				
Print 4				
Print 5				
Print 6				

Performed by and Date : _____**Verified by QC and Date :** _____

Line Clearance Form for Work Area

Work Order No : 0000000117

Shipment # : 105711434

Part No : 340182

Batch/Serial No : 6180339

Line Clearance #1		Time:
S/N	Work Area Line Clearance Criteria	Please Tick
1	Free of previous finished products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Free of previous work order labels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Free of previous packaging materials ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Free of previous work order records/documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Free of any item not required for operation and work area is clean and tidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="display: flex; justify-content: space-between;"> <div> Performed by : _____ Verified by QC : _____ </div> <div> Performed Date : _____ Verified Date : _____ </div> </div>		

Line Clearance #2		Time:
S/N	Work Area Line Clearance Criteria	Please Tick
1	Free of previous finished products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Free of previous work order labels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Free of previous packaging materials ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Free of previous work order records/documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Free of any item not required for operation and work area is clean and tidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="display: flex; justify-content: space-between;"> <div> Performed by : _____ Verified by QC : _____ </div> <div> Performed Date : _____ Verified Date : _____ </div> </div>		

Line Clearance #3		Time:
S/N	Work Area Line Clearance Criteria	Please Tick
1	Free of previous finished products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Free of previous work order labels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Free of previous packaging materials ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Free of previous work order records/documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Free of any item not required for operation and work area is clean and tidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="display: flex; justify-content: space-between;"> <div> Performed by : _____ Verified by QC : _____ </div> <div> Performed Date : _____ Verified Date : _____ </div> </div>		

*Note : Proceed for labeling only when ALL work area line clearance are checked with "Yes".
 : If any break during labeling, line clearance shall be perform again*

Pre Labeling Inspection Checklist

Work Order No : 0000000117**Shipment # :** 105711434**Part No :** 340182**Batch/Serial No :** 6180339

S/N	Inspection Item must not contain	Please Tick	
		Pass	Fail
1	Dirt and other forms of surface contamination		
2	Squashed angle		
3	Squashed surface		
4	Swell		
5	Tearing Flap		
6	Slash		
7	Wet		
8	Adhesive Tape Failure		
9	Others (please specify)		

Note : Proceed with Work Order Processing only when all checklist items are passed.

Performed by and Date : _____**Verified by QC and Date :** _____

Work Order Inspection Form (1 of 3)

Work Order No : 0000000117**Shipment # :** 105711434**Part No :** 340182**Batch/Serial No :** 6180339**Section A : First Article Inspection**

S/N	First Article Inspection Criteria	Please Tick
1	Is the Bundled packed according to the WI?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR
2	Is the Case Label pasted on the correct position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR
3	Is the Case Packaging correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR
4	Is the Shelf Label pasted on the correct position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR
5	Is the Shelf Packaging correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR
6	Is the Unit/Pouch Label pasted on the correct position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR
7	Is the Unit/Pouch Packaging correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR

Note : Proceed for mass labeling only when ALL first article inspection criteria are checked with "Yes".

Inspected by QC and Date : _____

Work Order Inspection Form (2 of 3)

Work Order No : 0000000117

Shipment # : 105711434

Part No : 340182

Batch/Serial No : 6180339

Sampling Plan

Code	No of Units	Sample size (No of Unit)	Acceptance number	Rejection number
A	1	1	0	1
B	2 to 8	2	0	1
C	9 to 15	3	0	1
D	16 to 25	5	0	1
E	26 to 50	8	0	1
F	51 to 90	13	0	1
G	91 to 150	20	0	1
H	151 to 280	32	0	1
J	281 to 500	50	0	1
K	501 to 1200	80	0	1
L	1201 to 3200	125	0	1
M	3201 to 10000	200	0	1
N	10001 to 35000	315	0	1
P	35001 to 150000	500	0	1
Q	150001 to 500000	800	0	1
R	500001 and above	1250	0	1

Section B: In-process Inspection

WO Quantity	Sample Size (No. of case)

Case No.	Status (P/F)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

Case No.	Status (P/F)
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	

Case No.	Status (P/F)
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	

Case No.	Status (P/F)
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	

Note : P = Pass, F = Fail

Inspected by QC and Date : _____

Work Order Inspection Form (3 of 3)

Work Order No : 0000000117**Shipment # :** 105711434**Part No :** 340182**Batch/Serial No :** 6180339**Section C : Final Article Inspection for Release**

S/N	Final Article Inspection Criteria	Please Tick
1	Is the Bundled packed according to the WI?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR
2	Is the Case Label pasted on the correct position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR
3	Is the Case Packaging correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR
4	Is the Shelf Label pasted on the correct position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR
5	Is the Shelf Packaging correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR
6	Is the Unit/Pouch Label pasted on the correct position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR
7	Is the Unit/Pouch Packaging correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR

Inspected by QC and Date : _____

Work Order No : 0000000117**Shipment # :** 105711434**Part No :** 340182**Batch/Serial No :** 6180339**Section A: Labels Reconciliation**

Type of Label	Unit	Received Quantity	Used Quantity	Unused Quantity
Pouch Label	Each			
Unit Label	Each			
Shelf Label	Each			
Case Label	Each			
Bundle Component Label	Set(s)			
Bundle Label	Set(s)			

Section B: Product Reconciliation

WO Quantity	Accepted Quantity	Rejected Quantity

Reconciled by and Date : _____**Verified by QC and Date :** _____**Rejected Label**