

STYLE SETUP INFORMATION

ANC#	<input type="text" value="INPUT"/>		
STYLE #	<input type="text" value="INPUT"/>	STYLE COLOR :	<input type="text" value="RED : GREEN : BLUE : YELLOW"/>
FABRIC DESC:	<input type="text" value="INPUT"/>	RANGE :	<input checked="" type="checkbox"/> SMALL <input checked="" type="checkbox"/> MMEDIUM <input checked="" type="checkbox"/> LARGE <input checked="" type="checkbox"/> XL <input checked="" type="checkbox"/> XXL <input checked="" type="checkbox"/> Others
ITEM DESC :	<input type="text" value="INPUT"/>		
REMARKS :	<input type="text" value="INPUT"/>		
FRONT PICS		BACK PICS	SIDE 1 PIC
			SIDE 2:
<input type="button" value="SAVE / EDIT"/>			

ORDER INFORMATION

ANC#	<input type="text" value="INPUT"/>		
ORDER #	<input type="text" value="INPUT"/>	REC.V. DATE:	<input type="text" value="SYS DATE"/>
	CATEGORY :	<input type="text" value=""/>	BUYER NAME :
	<input type="text" value=""/>		<input type="text" value=""/>
SYLE #:	<input type="text" value="SETUP"/>	STYLE RANGE:	<input type="text" value="STYLE SETUP"/>
	ITEM NAME / Description:	<input type="text" value="DISPLAY FROM STYLE SETUP"/>	
Weight :	<input type="text" value="INPUT"/>	TACK-PACK :	<input type="text" value="INPUT"/>
	<input type="button" value="BROWSE"/>	SWATCH :	<input type="radio"/> Yes <input type="radio"/> No
PRD. LABEL:	<input type="text" value="INPUT"/>	PACKING INS :	<input type="text" value="INPUT"/>
	<input type="button" value="BROWSE"/>	FABRIC DES :	<input type="text" value="DISPLAY FROM STYLE SETUP"/>
	<input type="text" value="Small"/>	<input type="text" value="Medium"/>	<input type="text" value="Large"/>
	<input type="text" value="Xlarge"/>	<input type="text" value="XXLarge"/>	
QUANTITY	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
TOTAL QUANTITY	<input type="text" value=""/>		
<input type="button" value="SAVE"/>		<input type="button" value="EDIT"/>	<input type="button" value="NEW INQ"/>

INQUIRY INFORMATION

ANC#

ORDER # CATEGORY : SYLE # : BUYER NAME

TACK-PACK FABRIC DESC. ITEM NAME / Description

INQUIRY# INQ DATE:

MERCHND :	SUPPLIER :	CONTACT PERSON	INQUIRY ISSUE DATE	SUPERVISER QC	INQUIRY#	WORK PRICE	WORK SAMPLE
SETUP	SETUP	SELECT	INPUT	SELECT	INPUT	SETUP	SELECT
SETUP	SETUP	SELECT	INPUT	SELECT	INPUT	SETUP	SELECT
SETUP	SETUP	SELECT	INPUT	SELECT	INPUT	SETUP	SELECT

FINAL REPORT

ANC#

INQ # ORDER # : BUYER : PRODUCTION LABEL :

SUPPLIER LOCATION : STYLE : COLOR :

PO# FAB DESC : ITM DESC :

ORD QTY : SHIPMENT DATE : MODE :

INSPECTION INFORMATION

INSPECTION DATE : AUDITOR : TYPE OF INSPECTION :

OFFER QTY : TOTAL CARTONS PACKED : No. of Inspection Carton

AQL and Sample Size : Major Defect Accept : PICS :

OVER ALL INSPECTION REPORT :

FINAL REPORT SUMMARY

ANC#	DISPLAY	INSPECTION DATE :	DISPLAY	AUDITOR :	DISPLAY
INQ #	SETUP	ORDER # :	ORD INFO	BUYER :	SETUP
				TYPE OF INSPECTION :	SELECT
				PRODUCTION LABEL :	SETUP
SUPPLIER	SETUP	LOCATION :	BYR SETUP	STYLE :	SETUP
				COLOR :	SETUP
PO#	SETUP	FAB DESC :	SETUP	ITM DESC	SETUP
ORD QTY :	SETUP	SHIPMENT DATE :	SETUP	MODE :	SETUP

INSPECTION SUMMARY

During Inspection Findings :	<input checked="" type="radio"/> OK <input type="radio"/> Other	INPUT REMARKS	PIC 1
		INPUT REMARKS	PIC 2
Quantity :	<input checked="" type="radio"/> OK <input type="radio"/> Other	INPUT REMARKS	PIC PLst
Trims :	<input checked="" type="radio"/> OK <input type="radio"/> Other	INPUT REMARKS	
Fabric :	<input checked="" type="radio"/> OK <input type="radio"/> Other	INPUT REMARKS	
Labeling :	<input checked="" type="radio"/> OK <input type="radio"/> Other	INPUT REMARKS	
Color :	<input checked="" type="radio"/> OK <input type="radio"/> Other	INPUT REMARKS	
Colorfastness :	<input checked="" type="radio"/> OK <input type="radio"/> Other	INPUT REMARKS	
Product Measurement :	<input type="radio"/> OK <input checked="" type="radio"/> Other	Tolerance INPUT REMARKS	
Packing & Packings :	<input checked="" type="radio"/> OK <input type="radio"/> Other	INPUT REMARKS	PIC D
Shipping. Mark :	<input checked="" type="radio"/> OK <input type="radio"/> Other	INPUT REMARKS	PIC D
Workmanship Defectives List :	<input type="radio"/> OK <input checked="" type="radio"/> Other	AQL 2.5 INPUT REMARKS	
Styling / Constructions :	<input checked="" type="radio"/> OK <input type="radio"/> Other	INPUT REMARKS	
Style / Constructions Remarks :			

< SAVE/EDIT >

NEXT

FINAL TRIM Details

ANC# INSPECTION DATE : AUDITOR :
 INQ # ORDER # : BUYER : PRODUCTION LABEL :
 SUPPLIER LOCATION : STYLE : COLOR :
 PO# FAB DESC : ITM DESC :
 ORD QTY : SHIPMENT DATE : MODE :

INSPECTION SUMMARY

Thread Body : <input type="radio"/> As per Sample <input type="radio"/> Others	<input type="button" value="PICS"/>	Thread Overlock:	<input type="button" value="PICS"/>
Inside Pocket Tag : <input checked="" type="radio"/> As per Sample <input type="radio"/> Others	<input type="button" value="PICS"/>	Zipper : <input type="radio"/> As per Sample <input type="radio"/> Others	<input type="button" value="PICS"/>
Waistband Button : <input type="radio"/> As per Sample <input type="radio"/> Others	<input type="button" value="PICS"/>	Eyelet : <input type="radio"/> As per Sample <input type="radio"/> Others	<input type="button" value="PICS"/>
Main Label : <input type="radio"/> As per Sample <input type="radio"/> Others	<input type="button" value="PICS"/>	Care Label : <input type="radio"/> As per Sample <input type="radio"/> Others	<input type="button" value="PICS"/>
Waistband Drawcode <input type="radio"/> As per Sample <input type="radio"/> Others	<input type="button" value="PICS"/>	Horn Button : <input type="radio"/> As per Sample <input type="radio"/> Others	<input type="button" value="PICS"/>
Hanging with Dusting : <input type="radio"/> As per Sample <input type="radio"/> Others	<input type="button" value="PICS"/>	Polybag : <input type="radio"/> As per Sample <input type="radio"/> Others	<input type="button" value="PICS"/>
Cartons : <input type="radio"/> As per Sample <input type="radio"/> Others	<input type="button" value="PICS"/>	Color Wash : <input type="radio"/> As per Sample <input type="radio"/> Others	<input type="button" value="PICS"/>
Hand Feel : <input type="radio"/> As per Sample <input type="radio"/> Others	<input type="button" value="PICS"/>	ColorFastness/Cookery <input type="radio"/> As per Sample <input type="radio"/> Others	<input type="button" value="PICS"/>
		<input data-bbox="987 1077 1214 1104" type="button" value=" < SAVE/EDIT > "/>	<input data-bbox="1218 1077 1317 1104" type="button" value="NEXT"/>

FINAL Quality Defects

ANC# INSPECTION DATE: AUDITOR:
 INQ.# ORDER #: BUYER: PRODUCTION LABEL:
 SUPPLIER LOCATION: STYLE: COLOR:
 PO# FAB DESC: ITM DESC:
 ORD QTY: SHIPMENT DATE: MODE:

INSPECTION SUMMARY

Measurement Sheet : How to Measure :

Quality Defective List

Broken Stitch Croatch : ☒ Critical ☐ Major ☐ Minor

Broken & Side Pocket : ☐ Critical ☐ Major ☐ Minor

Side Pocket Flap : ☐ Critical ☐ Major ☐ Minor

Uncut Threads : ☐ Critical ☐ Major ☐ Minor

Dust Mark Side Pocket : ☐ Critical ☐ Major ☐ Minor

Number of Inspected Sample

Number of Allowed Defects : AQL

Number of Defect found Defects : RESULT :

EMPLOYEE SETUP

EMP ID :	<input type="button" value="DISPLAY"/>	CARD# :	<input type="text"/>	GENDER :	<input type="text"/>	Nationality :	<input type="text"/>		
NAME :	<input type="text" value="INPUT"/>	S/D/W :	<input type="text" value="INPUT"/>	<div>Employee PHOTO</div> <div></div>					
DOB :	<input type="text"/>	PHONE# :	<input type="text" value="INPUT"/>					CNIC# :	<input type="text" value="INPUT"/>
ADDRESS :	<input type="text" value="INPUT"/>								
Email Address :	<input type="text"/>	Religion :	<input type="text"/>	Marital Status :	<input type="text"/>				
Qualification :	<input type="text"/>	Reference Name & Contact			<input type="text"/>				
Department :	<input type="text"/>	Joining Date :	<input type="text"/>	Desig. :	<input type="text"/>				
<input data-bbox="1063 814 1209 842" type="button" value=" < SAVE/EDIT > "/> <input data-bbox="1237 814 1291 842" type="button" value=" FIND "/>									

BUYER SETUP

ID :	<input type="text" value="AG"/>	<input checked="" type="radio"/> BUYER <input type="radio"/> SKUPPLIER	
NAME :	<input type="text"/>	Start Date :	<input type="text"/>
COUNTRY/CITY :	<input type="text" value="INPUT"/>	OFFICE ADDRESS : <input type="text"/>	
Email Address :	<input type="text"/>	PHONE# :	<input type="text" value="INPUT"/>
		Fax# :	<input type="text" value="INPUT"/>
Contact Person :	<input type="text"/>	n : Designation :	<input type="text"/>
		Email :	<input type="text" value="Email:"/>
<input data-bbox="950 1365 1096 1392" type="button" value=" < SAVE/EDIT > "/> <input data-bbox="1182 1365 1235 1392" type="button" value=" FIND "/>			

