

INITIAL CONTROL COMPLETION REPORT FOR MATERIAL

Form No.: 4-PR-013-4-Fo-0001

Version: 06

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Effective date: EIC date

Record No. 4-PR-013-4-Fo-0001-9-RC-1030

Record Name: initial control Box Blank XL for Cleaner - PKP0274 - supplier TSIS

Prepared by: Phương TM

Checked by: Tuấn NQ

QA's approval: Tuấn NQ

Date: 26-Aug-2024

Date: 30-Aug-2024

Date: 30-Aug-2024

No.	Material code	Material name	Material spec	Supplier	Kind of control	Initial control's type	
						Type	Reason
1	PKP0274	Box Blank XL	DRPT-11051(1)	TSIS	New material	2	Same scope
....							

A./ On-site checking in supplier side (For type 1):**A1/ Document control system:**

Doc/ Sample No: _____

1. Use right document ☐ OK ☒ NG
2. Process document meets FOV's requirement: ☐ OK ☐ NG
3. Store and control document/ samples ☐ OK ☐ NG

Action (if any): _____ . Due date: _____

A2/ Production process:

1. Lot control: ☐ OK ☐ NG Action (if any): _____ Due date: _____
- Lot format: _____
- Control method: _____
2. Mold Die maintenance: ☐ OK ☐ NG Action (if any): _____ Due date: _____
- Method: _____
3. Document is available: ☐ OK ☐ NG Action (if any): _____ Due date: _____
4. Checking Quality when start new Lot: ☐ OK ☐ NG Action (if any): _____ Due date: _____
- Method: _____
5. Checking Quality during manufacturing: ☐ OK ☐ NG Action (if any): _____ Due date: _____
- Method: _____

A3/ Inspection process:**1. Appearance:**

- a) Samples of Inspection: Sample size: _____ Result: _____ ☐ OK ☐ NG
Action (if any): _____ Due date: _____
- b) Method of inspection: _____ ☐ OK ☐ NG
Action (if any): _____ Due date: _____
- c) Document is available: _____ ☐ OK ☐ NG
Action (if any): _____ Due date: _____

2. Dimension

- a) Tool/ machine for measuring: Sample size: _____ Result: _____ ☐ OK ☐ NG
Action (if any): _____ Due date: _____
- b) Method of measuring: _____ ☐ OK ☐ NG
Action (if any): _____ Due date: _____
- c) Check point control: Number of checking point (attach drawing): _____ ☐ OK ☐ NG
Action (if any): _____ Due date: _____
- d) Confirm measuring method between supplier & FOV-Incoming & WI: ☐ OK ☐ NG
Action (if any): _____ Due date: _____

3. Function (if any):

- a) Tool/ machine/ material: Sample size: _____ Result: _____
Action (if any): _____ Due date: _____

Confidential

FOV 's property, do not take out without FOV BOM's approval

QAE control

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b) Method of checking: _____ ☐ OK ☐ NG

Action (if any): _____ Duedate: _____

c) Confirm function testing method between supplier & FOV-Incoming & WI: _____ ☐ OK ☐ NG

Action (if any): _____ Duedate: _____

4. Quantity & shipping Control:a) Method of quantity control: _____ ☐ OK ☐ NG Action (if any): _____ Duedate: _____b) Tool/ scale for quantity control: _____ ☐ OK ☐ NG Action (if any): _____ Duedate: _____c) Separate Cav# (if any): _____ ☐ Required ☐ Not Required ☐ OK ☐ NG Action (if any): _____ Duedate: _____d) Indication (label): _____ ☐ OK ☒ NG Action (if any): _____ Duedate: _____e) Test Report: _____ ☐ Required ☐ Not Required ☐ OK ☐ NG Action (if any): _____ Duedate: _____**B./ Off-site checking in FOV (For type 2):**

No.	Maker lot	FOV lot	Lot quantity
1	BCT-1181	230711000092	500

1. For main material

- FOV Working Instruction _____

- Instruction of dimensional measurement: _____

- Supplier inspection instruction

- Supplier packing method:

- Incoming inspection result: ☒ OK ☐ NG

Details: ESD measurement result is as below table

NG ratio: 0

2. For packing material

- Supplier documents: N/A

- Inspection result: ☒ OK ☐ NG

Details: _____

(Need to attach inspection result for materials which do not go through Incoming)

C./ Risk evaluation

No	Step/ Process	Risk description	Preventive action	PIC	Duedate	Review result

D./ Conclusion**D1/ Initial Running Result:**☒ GOOD☐ NOT GOOD

In case of NOT GOOD, next initial control: _____

• Some open items:

Detailed defective information	Found by	Concerning to (Process, Man, Method, Machine)	Action	Result

D2/ Conclusion:

Accept for mass production:



YES



NO

QAE control

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