

 KANEPACKAGE PHILIPPINE INC.		<h1>ABNORMALITY REPORT</h1>		Control No. AR-07-0051									
I. Item Information													
Item Code	5165913-00	Customer	EPSON PRECISION (PHILIPPINES), INC. - IJP										
Item Description	LOUVRE 2 MDX ICB FOR ETD,WH;F	Delivery Date	2025/07/26										
Inspection Date	2025/07/26	Inspection Time	06:38H - 07:30H										
Lot Quantity	1200	Job Order Number	1.JO- 0012305 2.										
Affected Quantity	46	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:										
Rejection Rate and PPM	3.83% 38,333 PPM	Date Received	2025/07/25										
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SEMI AUTO 3/SHIFT B										
Problem Description	PEEL OFF	Delivery Receipt Number	10921										
GOOD		NO GOOD											
													
III. Documented Information Review (To be filled out by QA Line leader)													
Related Doc. Info. Control Number <input type="checkbox"/> Procedure Manual : _____ <input type="checkbox"/> Technical Drawing : _____ <input type="checkbox"/> Work Instruction : _____ <input type="checkbox"/> Job Order : _____ <input type="checkbox"/> Reports : _____ <input type="checkbox"/> Defect Limit : _____		Requirement: ITEM SHOULD BE IN GOOD CONDITION NO OCCURRENCE OF PEEL OFF	Actual: PEEL OFF ON ACTUAL/APPERANCE OCCUR ON INNER UPPER FLAP DUE TO DIE-CUT PROCESS										
		Conclusion and Recommendation: INFORM THE PIC / LEADER ABOUT THE PROBLEM ENCOUNTERED AND CHECK THE SET UP PRIOR MAS PRODUCTION	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable										
IV. Initial Disposition (To be filled out by ME Department If Needed)			V. Final Disposition										
<input type="checkbox"/> Good <input type="checkbox"/> Conditional (Please indicate details) <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Backload			<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Conditional (Please indicate details) <input type="checkbox"/> Backload If item is for sorting, for backload, or for rework, fill-out below <input type="checkbox"/> Good <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework										
Remarks: 			<table border="1"> <tr> <th>Person In Charge</th> <th>Target Date</th> <th>Signature</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			Person In Charge	Target Date	Signature					
Person In Charge	Target Date	Signature											
<table border="1"> <tr> <td colspan="2">JUDGEMENT (If subject is for issuance of IRF / CAR)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>FOR 5 WHY ISSUANCE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>FOR CAR ISSUANCE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>FOR IRF ISSUANCE</td> </tr> </table>						JUDGEMENT (If subject is for issuance of IRF / CAR)		<input type="checkbox"/>	FOR 5 WHY ISSUANCE	<input type="checkbox"/>	FOR CAR ISSUANCE	<input type="checkbox"/>	FOR IRF ISSUANCE
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<input type="checkbox"/>	FOR 5 WHY ISSUANCE												
<input type="checkbox"/>	FOR CAR ISSUANCE												
<input type="checkbox"/>	FOR IRF ISSUANCE												
Detected by		Checked by		Initial Approved by (If Needed)									
J.REJOTO		T.PRADO											
QA Inspector		QA Leader		ME Head									
				QA Head									
				QA Staff									
Important: Backloading Policy (External Provider Rejects) Rejection rate that is more than 80% of the total quantity shall be approved by Top Management before backloading.		Evaluation <input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need		Approved by Top Management									
				Final Disposition <input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____									

ABNORMALITY REPORT

V. Sorting Instructions

VI. Sorting Details

Sorting Date	Sorting Time		No. of Man-power	Lot Number	Sorted Quantity	Reject Quantity	Defect Name	Sorted by
	Start	End						
	Total Sorting Hours		Total No. of Manpower	Total Sorted Quantity	Total Reject Quantity	Total Good Quantity	Rejection Rate (%)	
Sorting Result								
R&R Verification								

VII. Warehouse Details (To be filled out by QA Line Leader If needed)

	Reason	Total Quantity	Remarks	Received by
Pull-Out				
For Transfer				

VIII. Reworking Instructions

IX. Reworking Result

Reworking Date	Reworking Time		# of Man-power	Lot Number	Reworked Quantity	Good Quantity	Reject Quantity	Rejection Rate (%)
	Start	End						
Reworked by / Department					Endorsed to / Department			

X. Reinspection Result

Reinspection Date	Reworking Time		# of Man-power	Lot Number	Reinspected Quantity	Good Quantity	Reject Quantity	Rejection Rate (%)
	Start	End						
Inspected by			Verified by		Noted by		Approved by	
QA Inspector			QA Line Leader/Sub-Leader		QA Supervisor		QA Head	