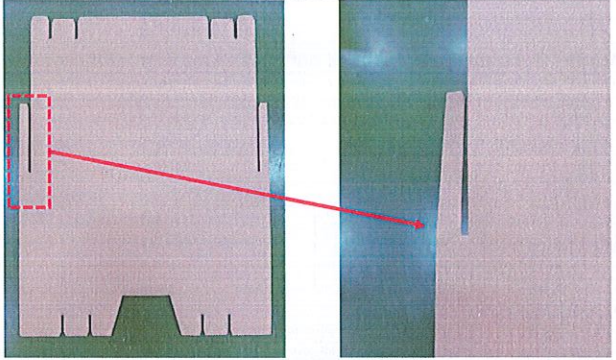
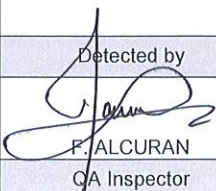
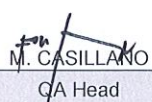
 <b>KANEPACKAGE PHILIPPINE INC.</b>		<b>ABNORMALITY REPORT</b>		Control No. <b>AR2024-10-042</b>		
<b>I. Item Information</b> <span style="float: right;">1124007</span>						
Item Code	3CB-0004-000	Customer	CBMP			
Item Description	PARTITION	Delivery Date	241007			
Inspection Date	241005	Inspection Time	10:00 PM			
Lot Quantity	1,003 pcs.	Job Order Number	JO-F-24-819-2			
Affected Quantity	69 pcs.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:			
Rejection Rate and PPM	6.9%      68,793 PPM	Date Received	N/A			
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 4			
Problem Description	SCORING	Delivery Receipt Number	N/A			
<b>II. Visual Reference (Defect Illustration)</b>						
<b>GOOD</b>		<b>NO GOOD</b>				
NO SCORING						
<b>III. Documented Information Review (To be filled out by QA Line leader)</b>						
Related Doc. Info. <input checked="" type="checkbox"/> Procedure Manual : <input checked="" type="checkbox"/> Technical Drawing : <input checked="" type="checkbox"/> Work Instruction : <input checked="" type="checkbox"/> Job Order : <input checked="" type="checkbox"/> Reports : <input checked="" type="checkbox"/> Defect Limit :		Control Number PM-QA-018 CBM-0732-01AC3 WI-QA-001-010 JO-F-24-819-2 AR2024-10-042 CBMP DEFECT LIMIT	Requirement: NO SCORING  Actual: WITH SCORING  Conclusion or Recommendation: REJECT			<input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
<b>IV. Initial Disposition (To be filled out by ME Department If Needed)</b>			<b>V. Final Disposition</b>			
<input type="checkbox"/> Good <input type="checkbox"/> Conditional (Please indicate details)			<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Conditional (Please indicate details)			
<input type="checkbox"/> Rejected			<input type="checkbox"/> Backload			
<input type="checkbox"/> Backload			If item is for sorting, for backload, or for rework, fill-out below,			
			<input type="checkbox"/> Good	Person In Charge	Target Date	
			<input type="checkbox"/> For Sorting		Signature	
			<input type="checkbox"/> For Rework			
Remarks:					<b>JUDGEMENT</b> (If subject is for issuance of IRF / CAR) <input type="checkbox"/> FOR 5 WHY ISSUANCE <input type="checkbox"/> FOR CAR ISSUANCE <input checked="" type="checkbox"/> FOR IRF ISSUANCE	
Detected by  F. ALCURAN QA Inspector	Checked by J. RELLORA QA Line Leader	Initial Approved by (If Needed)	Approved by  M. CASILLANO QA Head	Received By		
<b>Important: Backloading Policy (External Provider Rejects)</b> 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 _____		

Note: All details must be filled out completely.  
 Submit this form to Line Leader immediately after accomplishment.





## VII. Sorting Instructions

## VIII. 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								

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

	Reason	Total Quantity	Remarks	Received by
<input type="checkbox"/> Pull-Out				
<input type="checkbox"/> For Transfer				

## X. Reworking Instructions

## XI. 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			

## XII. 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		Approved by		
QA Inspector				QA Line Leader/Sub-Leader		QA Head		





Kanepackage Philippine Inc.

PR-001-F12-REV.00

MEMO: - None -

Talatala, Mirasol  
SO #: TO-F-24-819

## JOB ORDER

Customer : CANON BUSINESS MACHINE PHILS.

JOB ORDER:

ITEM CODE: 3CB-0004-000

Netsuite Itemcode: 3CB-0004-000-RMFG

JO-F-24-819-2



Item Description : PARTITION

QTY: 1000

DELIVERY DATE:  
2024-10-07CREATED BY:  
Villanueva, Nene AdevaDATE RELEASED:  
2024-10-02

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
650X475 CF TX200	1000	h	N/A	1003	61235	QUP

Tooling Reference # 24-28 Control/Batch #: RM Issued By: an 10/5

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN	REJECTED QTY		REMARKS
		Operator	ME/QA			INHOUSE	SUPPLIER	
1. DIECUT S1700-2	10/05	RJ		1003	1 G R			
2. DETACHING 1	10/5	PS		1003	G R			
3. LOT NUMBERING	10/05		PM	1000	G R			
4. SCREENING	10/05		Francis	900	G R	103		
5.					G R			
6.					G R			
7.					G R			
8.								
9.								
10.								

## REJECTION HISTORY

Customer Claim:

Notes:

RYARLENE PALLERMO  
Job Controller  
DATE: 10/5

KANEPACKAGE PHILIPPINE, INC. REV00

CUSTOMER : CANON BUSINESS MACHINE PHILS. INC.  
ITEM CODE : 3CB-0004-000  
ITEM DESCRIPTION : PARTITION  
ITEM SIZE :  
LOT NUMBER : 241005-24-819-2  
QUANTITY : 25 pcs.

RoHS OK

MP G/A-KP1746  
G/A PASSED

REMARKS

PROD PLAN: ADD #0 PLAN 2024-281

del 10/5







KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT  
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-10-000465

## I. Item Information

Customer	CANON BUSINESS MACHINE PHILS.	Inspection Date	24/10/05	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date	241007	
Item Code	3CB-0004-000	Job Order No.	JO-F-24-819-2	
Item Description	PARTITION	Job Order Qty.	1,000	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	00	Delivery Receipt No.		
External Provider		Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input type="checkbox"/> SD1800	

## II. Dimensional Inspection

Time Conducted Sample #1: 9:55			Time Conducted Sample #2: 10:10			Time Conducted Sample #3: 10:45					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	525	±3 / -2	525	525	525	16					
2	429		429	429	429	17					
3	147		147	147	147	18					
4	70		70	70	70	19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Measuring ☐ Meter Tape ☐ Moisture Content Tester ☐ Zahn Cup ☐ Stopwatch  
Tool Used: ☐ Thickness Gauge ☐ Weighing Scale ☐ Steel Ruler ☐ Caliper

Control Number of Measuring Tool Used:

## III. Visual Inspection (Leave cell blank if no detection on Applicable Criteria. Ensure to put actual quantity of defect based on classification or "N/A" if Not Applicable)

A. CORRUGATED ITEM / BOX / DANPLA	In-house	External Provider	Total Quantity	B. PALLET	In-house	External Provider	Total Quantity
Scoring	69		69	Condition of Wood	N/A	N/A	N/A
Grain Direction				Rusty Nail	N/A	N/A	N/A
Paper Shade (Off Color)				Warping	N/A	N/A	N/A
Bubbles				Fumigation Stamp	N/A	N/A	N/A
Blister				Crack/ Damages	N/A	N/A	N/A
Wrinkle	3		3	Others	N/A	N/A	N/A
Delamination				C. CORRUGATED PALLET	In-house	External Provider	Total Quantity
Uneven Kraft liner				Color of Carton (Discoloration)	N/A	N/A	N/A
Warpage				Flute of Material	N/A	N/A	N/A
Cracking on edge				Type of Adhesion	N/A	N/A	N/A
Bursting / Bursting on Edge (Crowfeet)	23		23	Adhesion of Runner	N/A	N/A	N/A
Wrong die-cut orientation				Rusty Wire	N/A	N/A	N/A
Inverted die-cut				Wrong Orientation	N/A	N/A	N/A
Close Gap/ Wide Gap				Damages:	N/A	N/A	N/A
Print Color:				Others:	N/A	N/A	N/A
Missing Print/ Character				D. MOULDED ITEMS	In-house	External Provider	Total Quantity
Blotted Print				Poor Fusion	N/A	N/A	N/A
Smeared Print				Chip Off	N/A	N/A	N/A
Other Print Defect:				Warp / Deform	N/A	N/A	N/A
Linemark				Crack	N/A	N/A	N/A
Fish-eye				Broken	N/A	N/A	N/A
Stain:	6		6	Scratches	N/A	N/A	N/A
Excess Glue				Foreign Materials	N/A	N/A	N/A
Gluing Defect:				Wet / Moist	N/A	N/A	N/A
Worn-out				Dirt	N/A	N/A	N/A
Dent				Stain:	N/A	N/A	N/A
Punctured				Discoloration	N/A	N/A	N/A
Tear-off				Excess Flashes	N/A	N/A	N/A
Peel-off	2		2	Others:	N/A	N/A	N/A
Damages:							
Others:							

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## SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Joint Flap		Judgement		Type of Material		Judgement	
Requirement	Actual	Good	No Good	Requirement	Actual	Good	No Good
GLUED (Inside or Outside)	N	/		Corrugated	CF UPPC	UPPC	✓
STITCHED (Inside or Outside)		A		Flute	CF	CF	✓
				Others			
IV. Destructive Test (Based on Customer Requirement)				V. Barcode Print (If Only with Printed Barcode on Item)			
Requirement	Actual	Good	No Good	Scan 1	N	<input type="checkbox"/> Good	<input type="checkbox"/> No Good
				Scan 2		<input type="checkbox"/> Good	<input type="checkbox"/> No Good
				BQICS Compliance (For Epson items only)	A	<input type="checkbox"/> Good	<input type="checkbox"/> No Good
VI. Inspection Result				VII. Sampling Inspection Result			
Total Qty Inspected	1003	Defect Rate Formula:		Total Sampling Qty Inspected	N		
Total Qty Good	900	Total Quantity NG		Total Sampling Qty Good			
Total Qty NG	103	Total Qty. Inspected x100		Total Sampling Qty NG			
Defect Rate in %	10.2%	PPM Formula:		Defect Rate in %	A		
Defect Rate in PPM	102.621 PPM	Total Quantity NG		Defect Rate in PPM			
		Total Qty. Inspected x1,000,000					
VIII. Disposition				IX. Remarks			
<input checked="" type="checkbox"/> Good <input type="checkbox"/> For Special Acceptance							
<input type="checkbox"/> Backload <input type="checkbox"/> Conditional (Please indicate details)							
<input type="checkbox"/> For Sorting							
<input type="checkbox"/> For Rework							
Abnormality Report Control No.:							
Inspected by F. ALPURAN		Checked by J. Althw		Approved by (If there are major concerns)		Verified by (If there are major concerns)	
QA Screening Inspector		QA Line Leader		QA Supervisor / QA Asst. Supervisor		QA Head	
X. Reject & Reworks Item Verification							
Defect	Verification Quantity		Remarks:	Verified by (Signature over Printed Name)			
	Good	No-Good					
Total							
				R&R Staff			
				Received by (Signature over Printed Name)			
				QA Inspector			

[illegible]