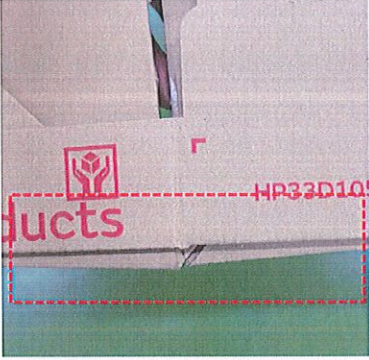
 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No. AR2024-10-060	
I. Item Information					
Item Code	HP33D1057-1	Customer	KOWA-EMORI		
Item Description	CARTON BOX	Delivery Date	241003		
Inspection Date	241003	Inspection Time	6:30 am		
Lot Quantity	2,978 pcs.	Job Order Number	JO24-M-01612-9		
Affected Quantity	45 pcs.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	1.5% 15,110 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 4		
Problem Description	MISALIGNED GLUING	Delivery Receipt Number	N/A		
II. Visual Reference (Defect Illustration)					
GOOD			NO GOOD		
NO MISALIGNED GLUE					
III. Documented Information Review (To be filled out by QA Line leader)					
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 EMO-0098-01AB-04 WI-QA-001-010 JO24-M-01612-9 AR2024-10-060 KOWA-EMORI DEFECT LIMIT		Requirement: NO MISALIGN GLUING Actual: WITH MISALIGNED GLUING Conclusion or Recommendation: REJECT	
				<input checked="" 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 type="checkbox"/> Rejected <input type="checkbox"/> Backload			<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Conditional (Please indicate details) <input type="checkbox"/> Backload <input type="checkbox"/> Good <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework		
			If item is for sorting, for backload, or for rework, fill-out below,		
			Person In Charge	Target Date	Signature
Remarks:			JUDGEMENT (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	Checked by	Initial Approved by (If Needed)	Approved by	Received By	
K. VERAS	J. RELLORA		M. CASILLANO		
QA Inspector	QA Line 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	Approved by	Final Disposition	
		<input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need		<input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____	
			Top Management		

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		

436

(4)

470



Kanepackage Philippine Inc.

PR-001-F12-REV.00

MEMO: - None -

Labay, Menchie
SO #: SO24-M-01612

JOB ORDER

Customer : KOWA-EMORI PHILIPPINES, INC.		JOB ORDER:	
ITEM CODE: HP33D1057-1		JO24-M-01612-9	
Netsuite Itemcode: HP33D1057-1			
Item Description : CARTON BOX			
QTY: 3000	DELIVERY DATE: 2024-10-03	CREATED BY: Mendonez, Jhee Ann Manalo	DATE RELEASED: 2024-09-27

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DRM:	SUPPLIER:
720X797 BF TX200	1500	10	N/A	1510	0195402	PU

ES1-2 39-19/219

Tooling Reference # F-32/34

Control/Batch #:

RM Issued By:

Jian 10/3

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA				INHOUSE	SUPPLIER	
1. EQOS	10/3	PMOV	KERNAN 10/3	1510	2				S-0024 E-0027
2. DIECUT ETERNA	10/04	JAR	KERNAN 10/04	1510	1				S-0117 E-0119
3. DETACHING 1	10/5	DS		2078	42				
4. GLUING CONVEYOR 1	10/5	G.C.E.L.Y.	Frankel 5-10:55 E-10:55	1500 1478					1194 - 1500 6:30 - 1478
5. LOT NUMBERING	10/05 10/05		JY	1430 1000+1450					F
6. SCREENING	10/67		KERNAN	1430			70		
7.	10/08		KERNAN	1280			38		FOR APPROVAL 160 PCS DUE TO PARTIAL
8.	<div style="border: 1px solid black; padding: 5px;"> QA INPUT: DATE _____ TIME _____ QTY _____ QA OUTPUT: DATE _____ TIME _____ QTY _____ WIP REJECT DATE 24/08 TIME 16:07 QTY 108 </div>								
9.									
10.									

REJECTION HISTORY

Customer Claim:

Notes: IN-HOUSE REJECTION HISTORY: extra fold, misaligned print, misaligned glue - 6/2100 (230530);

PRODUCTION OUT

BY: Jhr

DATE: 10/7 AC

REMARKS

PROD PLAN: ADD #0 PLAN 2024-277

NETSUITE

1500 - QA - Jul 10/5 Gloy

KOWA-EMORI PHILIPPINES INC.	
Item Code HP33D1057-1	Quantity 10 pcs.
Item Description CARTON BOX	Supplier's QC PASSED INSPECTION RoHS OK QA-CG3804
Lot No. / Ref. NO. 241008-01612-9	MP
KANEPACKAGE PHILIPPINE INC.	

NANC. 10/13



KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-10-000476

I. Item Information

Customer	KOWA-EMORI PHILIPPINES, INC.	Inspection Date	241007	Shift:	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	241003		
Item Code	HP33D1057-1	Job Order No.	JO24-M-01612-9		
Item Description	CARTON BOX	Job Order Qty.	3,000		
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling		
Drawing Revision No.	04	Delivery Receipt No.	0195402		
External Provider	PW	Gluing Process	<input checked="" type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing		
			<input type="checkbox"/> SD1800		

II. Dimensional Inspection

Time Conducted Sample #1:	6:55	Time Conducted Sample #2:	7:01	Time Conducted Sample #3:	8:04						
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	183		183	183	184	16					
2	183		183	183	183	17					
3	41	-2	41	41	42	18					
4	19		19	19	19	19					
5	18	+5	18	18	19	20					
6	19		19	19	19	21					
7	19		19	19	19	22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Measuring Tool Used:	<input checked="" type="checkbox"/> Meter Tape	<input type="checkbox"/> Moisture Content Tester	<input type="checkbox"/> Zahn Cup	<input type="checkbox"/> Stopwatch	Control Number of Measuring Tool Used:
	<input type="checkbox"/> Thickness Gauge	<input type="checkbox"/> Weighing Scale	<input type="checkbox"/> Steel Ruler	<input type="checkbox"/> Caliper	24-24011-055

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				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				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)	6		6	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:				Scratches	N/A	N/A	N/A
Excess Glue	10		10	Foreign Materials	N/A	N/A	N/A
Gluing Defect: MISALIGNED GLUE	45		45	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	4		4	Discoloration	N/A	N/A	N/A
Tear-off	3		3	Excess Flashes	N/A	N/A	N/A
Peel-off	2		2	Others:	N/A	N/A	N/A
Damages:							
Others:							

