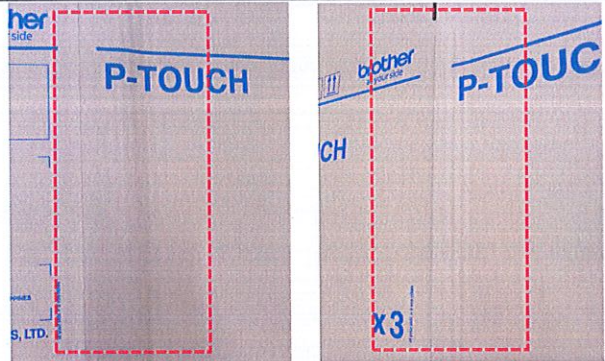
 <b>KANE PACKAGE PHILIPPINE INC.</b>		<b>ABNORMALITY REPORT</b>		Control No. <b>AR2024-10-061</b>													
I. Item Information																	
Item Code	D02J9E001	Customer	BROTHER														
Item Description	PRINTED CARTON (X3) N10 US COC	Delivery Date	241007														
Inspection Date	241008	Inspection Time	2:00 pm														
Lot Quantity	2,590 pcs.	Job Order Number	JO24-M-01616-7														
Affected Quantity	94,505 pcs. 100 PCS.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:														
Rejection Rate and PPM	3.86 19.5% 94,980 PPM 39,610 PPM	Date Received	N/A														
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2														
Problem Description	DENT MARK	Delivery Receipt Number	N/A														
II. Visual Reference (Defect Illustration)																	
GOOD		NO GOOD															
<b>NO DENT MARK</b>																	
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 BIP-0652-01AB-01 WI-QA-001-010 JO24-M-01616-7 AR2024-10-061 BIPH DEFECT LIMIT		Requirement: NO DENT MARK  Actual: WITH DENT MARK  Conclusion or Recommendation: REJECT. <div style="float: right;"> <input checked="" type="checkbox"/> Applicable  <input type="checkbox"/> Not Applicable         </div>													
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, <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Person In Charge</th> <th>Target Date</th> <th>Signature</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			Person In Charge	Target Date	Signature									
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. ANLAP	J. RELLORA		M. CASILLANO														
QA Inspector	QA Line Leader	ME Head	QA Head	QA Staff													
<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		Approved by													
		<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		



Kane  
Kanepackage Philippine Inc.

## JOB ORDER

PR-001-F12-REV.00

MEMO: - None -

Hernandez, Adrian  
SO #: SO24-M-01616.2

Customer : BROTHER INDUSTRIES (PHILS.), INC.

JOB ORDER:

ITEM CODE: D02J9E001 PRINTED

JO24-M-01616-7

Netsuite Itemcode : D02J9E001 PRINTED

Item Description : CARTON (X3) N10 US COC (FSC Recycled, FSC No.: TSUD-COC-002308)

QTY: 2650

DELIVERY DATE:  
2024-10-07CREATED BY:  
Tuiza, Jecille MaduroDATE RELEASED:  
2024-10-03

Raw Material Code:

Qty To  
Be Used:Over  
Run:Cut  
Size:Actual  
Issued:

DR#:

SUPPLIER:

565X1167 CF TX175-FSC

2650

20

N/A

2670

61374

PCB

Tooling Reference #

Control/Batch #:

RM Issued By:

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	10/5	PMCV	LENAID 10/5	2670	2				S-2370 F-2370
2. DIECUT ETERNA	10/7	JAR	LENAID 10/7	2668	1		21		S-1110 F-1112
3. DETACHING 1	10/07			2668					autotrip
4. GLUING SD 1800	10/07	Khed Jeff Sarah	JANUARY 10/07	2650	2	12			
5. LOT NUMBERING	10/7 10/8		JAR JOY	2650 1000	G	R			
6. SCREENING	10/7		JEREMY JEX	620	G	R			
7.	10/08		Kyle	1000+500 406	G	R	104	3	
8.									
9.									
10.									

## REJECTION HISTORY

Customer Claim:

Notes:

REMARKS

PROD PLAN: ADD #1 PLAN 2024-281

KANEPACKAGE PHILIPPINES INC.

Part Code	D02J9E001
Part Name	PRINTED CARTON (X3) N10 US COC
Production Date	241008
Lot Number	JO24-M-01616-7
Quantity	10 pgs.
P.O.	N/A
Mold No./Cavity	N/A
Operator	QA-CG369
Remarks	MP



STAMP

STAMP

PRODUCTION OUT

BY: Jhu  
DATE: 10/7 R19

NETSUITE

NAME: Jhu DATE: 10/05







<b>KANEPACKAGE PHILIPPINE INC.</b>		<b>SCREENING INSPECTION REPORT</b>				Control No.	
		<b>(CORRUGATED AND MOULDED ITEMS)</b>				<b>SQA-10-000616</b>	
<b>I. Item Information</b>							
Customer	BROTHER INDUSTRIES (PHILS.), INC.			Inspection Date	24/08		
Location	Laguna			Delivery Date	241007		
Item Code	D02J9E001 PRINTED			Job Order No.	JO24-M-01616-7		
Item Description	N (X3) N10 US COC (FSC Recycled, FSC No.: TSUD-COC-0			Job Order Qty.	2,650		
Model	N/A			Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling		
Drawing Revision No.	01			Delivery Receipt No.	61374		
External Provider	2409			Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input type="checkbox"/> SD1800		
<b>II. Dimensional Inspection</b>							
Time Conducted Sample #1: 1:30			Time Conducted Sample #2: 2:00			Time Conducted Sample #3: 2:00	
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs
1	297		297	297	297	16	
2	240		241	241	241	17	
3	268		268	269	269	18	
4	82		82	82	82	19	
5	19		19	20	20	20	
6	68		68	68	68	21	
7	15		15	15	15	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"/> Thickness Gauge <input type="checkbox"/> Moisture Content Tester <input type="checkbox"/> Weighing Scale				<input type="checkbox"/> Zahn Cup <input type="checkbox"/> Steel Ruler <input type="checkbox"/> Stopwatch <input type="checkbox"/> Caliper			
				Control Number of Measuring Tool Used: 21-2229-065			
<b>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)</b>							
<b>A. CORRUGATED ITEM / BOX / DANPLA</b>		In-house	External Provider	Total Quantity	<b>B. PALLET</b>		Total Quantity
Scoring	2		2	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			2	Fumigation Stamp	N/A	N/A	N/A
Blister			5	Crack/ Damages	N/A	N/A	N/A
Wrinkle				Others	N/A	N/A	N/A
Delamination				<b>C. CORRUGATED PALLET</b>		In-house	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)				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				<b>D. MOULDED ITEMS</b>		In-house	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				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				Others:	N/A	N/A	N/A
Damages:							
Others:							



