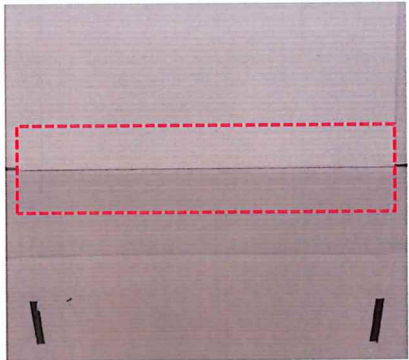

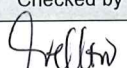
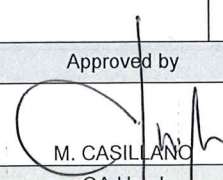
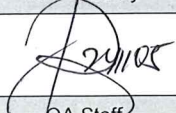
 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No. AR2024-11-001		
I. Item Information						
Item Code	PKG-PRO-31	Customer	SUPERFLEX (MERASENKO)			
Item Description	A585 BOX	Delivery Date	241031			
Inspection Date	241101	Inspection Time	9:00 AM			
Lot Quantity	110 PCS	Job Order Number	JO-24-IPD-01012-1			
Affected Quantity	25 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:			
Rejection Rate and PPM	22.72% 227,272 PPM	Date Received	N/A			
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2			
Problem Description	OVERCUT	Delivery Receipt Number	N/A			
II. Visual Reference (Defect Illustration)						
GOOD			NO GOOD			
NO OVERCUT						
III. Documented Information Review (To be filled out by QA Line leader)						
Related Doc. Info.		Control Number	Requirement:	NO OVERCUT		
<input checked="" type="checkbox"/> Procedure Manual :		PM-QA-018	Actual:	WITH OVERCUT		
<input checked="" type="checkbox"/> Technical Drawing :		TPL-0146-01AB-05				
<input checked="" type="checkbox"/> Work Instruction :		WI-QA-001-010				
<input checked="" type="checkbox"/> Job Order :		JO-24-IPD-01012-1	Conclusion or Recommendation:	<input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable		
<input checked="" type="checkbox"/> Reports :		AR2024-11-001				
<input checked="" type="checkbox"/> Defect Limit :		GENERAL DEFECT LIMIT				
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"/> 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:					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 QA Inspector	 J. RELLORA QA Line Leader		 M. CASILLANO QA Head	 24/11/25 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		
		Top Management		<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		

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PR-001-F12-REV.00



Kanepackage Philippine Inc.

MEMO: IPD

Perez, Veronica
SO #: SO-24-IPD-01012

JOB ORDER

Customer : SUPER FLEX LOGISTIC INC.		JOB ORDER:	
ITEM CODE: PKG-PRO-31-RMFG		JO-24-IPD-01012-1	
Netsuite Itemcode : PKG-PRO-31-RMFG			
Item Description : A585 BOX			
QTY: 100	DELIVERY DATE: 2024-10-31	CREATED BY: JECIEL BALINGBING BUCE	DATE RELEASED: 2024-10-29

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
1475X2000 CF TX200	50	5	1130X903 CF 110	55	190482	pw

Tooling Reference # 220-170
MR-20 Control/Batch #: _____ RM Issued By: any 10/20

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. SLITTER BIG	10/30	D-J		110					
2. SLITTER SMALL	10/30	ES	JAH 10/30	110					
3. EQOS	10/30	ARMY	ARMY 10/30	110					S-2742 E-2745
4. DIECUT S1700	10/31	WINS JAMES	KARL 10/31 IKAY 10/31	110					
5. DETACHING 1	11/4	DL		110					
6. LOT NUMBERING	11/04		JM	85					
7. SCREENING	11/04		Jeciel kyle	85			25		
8.									
9.	QA/PUT DATE 24/10/24 TIME 10:28			110					
10.	QA/OUT DATE 24/10/24 TIME 10:28			85					

REJECTION HISTORY	
Customer Claim:	24/10/24
Notes:	25

TERADYNE PHILIPPINES LTD.	
Item Code PKG-PRO-31	Quantity 25 pcs.
Item Description A585 BOX	Supplier's QC PASSED INSPECTION
Lot No. / Ref. NO. 241104-01012-1	RoHS OK QA-CG369
IPD	
KANEPACKAGE PHILIPPINE INC.	

REMARKS:
PROD PLAN: ADD #6 PLAN/2024-305

DATE: _____

SY: ARLENE PALLERMO
Job Controller

DATE: _____

RECEIVED: _____

KANEPACKAGE PHILIPPINE INC.		SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)				Control No. SQB-11-000104		
I. Item Information								
Customer	SUPERFLEX			Inspection Date	24/08/24			
Location	LAGUNA			Delivery Date	241031			
Item Code	PKG-PRO-31-RMFG			Job Order No.	JO-24-IPD-01012-1			
Item Description	A585 BOX			Job Order Qty.	100			
Model	N/A			Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling			
Drawing Revision No.	05			Delivery Receipt No.	196482			
External Provider	pw			Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input type="checkbox"/> SD1800			
II. Dimensional Inspection								
Time Conducted Sample #1: 9:00			Time Conducted Sample #2: 9:15			Time Conducted Sample #3: 9:30		
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	
1	190	+1/-3	190	190	190	16		
2	290		290	290	290	17		
3	185		185	185	185	18		
4	8	+1/-5	8	8	8	19	<div style="font-size: 2em;">N</div> <div style="font-size: 4em; margin-top: 20px;">A</div>	
5	75		75	75	75	20		
6	8		8	8	8	21		
7					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: 2420077-0N				
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		
Scoring			N			Condition of Wood		
Grain Direction						Rusty Nail		
Paper Shade (Off Color)						Warping		
Bubbles						Fumigation Stamp		
Blister						Crack/ Damages		
Wrinkle						Others		
Delamination						C. CORRUGATED PALLET		
Uneven Kraft liner						In-house	External Provider	
Warpage						Total Quantity		
Cracking on edge						Color of Carton (Discoloration)	N/A	
Bursting / Bursting on Edge (Crowfeet)			25		25	Flute of Material	N/A	
Wrong die-cut orientation						Type of Adhesion	N/A	
Inverted die-cut						Adhesion of Runner	N/A	
Close Gap/ Wide Gap						Rusty Wire	N/A	
Print Color : _____						Wrong Orientation	N/A	
Missing Print/ Character						Damages : _____	N/A	
Blotted Print						Others : _____	N/A	
Smeared Print						D. MOULDED ITEMS	In-house	
Other Print Defect : _____						Total Quantity	External Provider	
Linemark						Poor Fusion	N/A	
Fish-eye						Chip Off	N/A	
Stain : _____						Warp / Deform	N/A	
Excess Glue						Crack	N/A	
Gluing Defect : _____						Broken	N/A	
Worn-out						Scratches	N/A	
Dent						Foreign Materials	N/A	
Punctured						Wet / Moist	N/A	
Tear-off						Dirty	N/A	
Peel-off						Stain : _____	N/A	
Damages : _____						Discoloration	N/A	
Others : _____						Excess Flashes	N/A	
						Others :	N/A	

SCREENING INSPECTION REPORT
(CORRUGATED AND MOULDED ITEMS)

Joint Flap				Type of Material				Judgement									
Requirement		Actual		Good		No Good		Requirement		Actual		Good		No Good			
GLUED (Inside or Outside)	N					A		Corrugated	UPPC								
STITCHED (Inside or Outside)	N					A		Flute	UPPC								
								Others	N						A		
IV. Destructive Test (Based on Customer Requirement)								V. Barcode Print (If Only with Printed Barcode on Item)									
Requirement		Actual		Good		No Good		Scan 1		Scan 2		<input type="checkbox"/> Good		<input type="checkbox"/> No Good			
N						A		N		A		<input type="checkbox"/> Good		<input type="checkbox"/> No Good			
								BQICS Compliance (For Epson items only)				<input type="checkbox"/> Good		<input type="checkbox"/> No Good			
VI. Inspection Result								VII. Sampling Inspection Result									
Total Qty Inspected		110		Defect Rate Formula:				Total Sampling Qty Inspected									
Total Qty Good		85		Total Quantity NG				Total Sampling Qty Good		N							
Total Qty NG		25		Total Qty. Inspected				Total Sampling Qty NG		A							
Defect Rate		in %		22.72 %		PPM Formula:				Defect Rate		in %					
		in PPM		227, 242 PPM		Total Quantity NG						in PPM					
						Total Qty. Inspected											
VIII. Disposition								IX. Remarks									
<input checked="" type="checkbox"/> Good																	
<input type="checkbox"/> Backload																	
<input type="checkbox"/> For Sorting																	
<input type="checkbox"/> For Rework																	
Abnormality Report Control No.: AR2624-11-001																	
Inspected by				Checked by				Approved by (If there are major concerns)				Verified by (If there are major concerns)					
Jezzel Kyle Anlap				Jrellbtw								Onib.					
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]