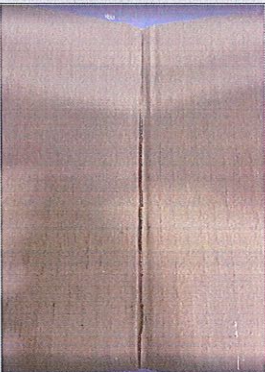
 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No. AR2024-11-066	
I. Item Information					
Item Code	6CB-0005-000	Customer	CBMP		
Item Description	BODY	Delivery Date	241114		
Inspection Date	241114	Inspection Time	1247H		
Lot Quantity	650 pcs.	Job Order Number	JO-TO-IPD-24-00339-1		
Affected Quantity	15 pcs.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	2.3% 23,076.92 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 3		
Problem Description	BURSTING	Delivery Receipt Number	N/A		
II. Visual Reference (Defect Illustration)					
GOOD			NO GOOD		
NO BURSTING					
III. Documented Information Review (To be filled out by QA Line leader)					
Related Doc. Info.		Control Number	Requirement: NO BURSTING		
<input checked="" type="checkbox"/> Procedure Manual :		PM-QA-018	Actual: W/ BURSTING		
<input checked="" type="checkbox"/> Technical Drawing :		CBM-0721-01AF			
<input checked="" type="checkbox"/> Work Instruction :		WI-QA-001-010	Conclusion or Recommendation: REJECT <div style="float: right;"> <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable </div>		
<input checked="" type="checkbox"/> Job Order :		JO-TO-IPD-24-00339-1			
<input checked="" type="checkbox"/> Reports :		AR2024-11-066			
<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			<input type="checkbox"/> Good		
			<input type="checkbox"/> For Sorting		
			<input type="checkbox"/> For Rework		
Remarks:				JUDGEMENT <small>(If subject is for issuance of IRF / CAR)</small>	
				<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	
J. ABOC	J. PAMPLONA		M. CASILIANO	B. MINS	
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	Top Management	<input type="checkbox"/> Backload	
		<input type="checkbox"/> >80% Need		<input type="checkbox"/> Accept	
				<input type="checkbox"/> Other _____	

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: IPD

Soriano, Nico Boy Ferrer
SO #: TO-IPD-24-00339

JOB ORDER

Customer : CANON BUSINESS MACHINE PHILS.		JOB ORDER:	
ITEM CODE: 6CB-0005-000		JO-TO-IPD-24-00339-1	
Netsuite Itemcode: 6CB-0005-000-RMFG			
Item Description : BODY			
QTY: 650	DELIVERY DATE: 2024-11-14	CREATED BY: Pallermo, Arlene Gonzales	DATE RELEASED: 2024-11-12

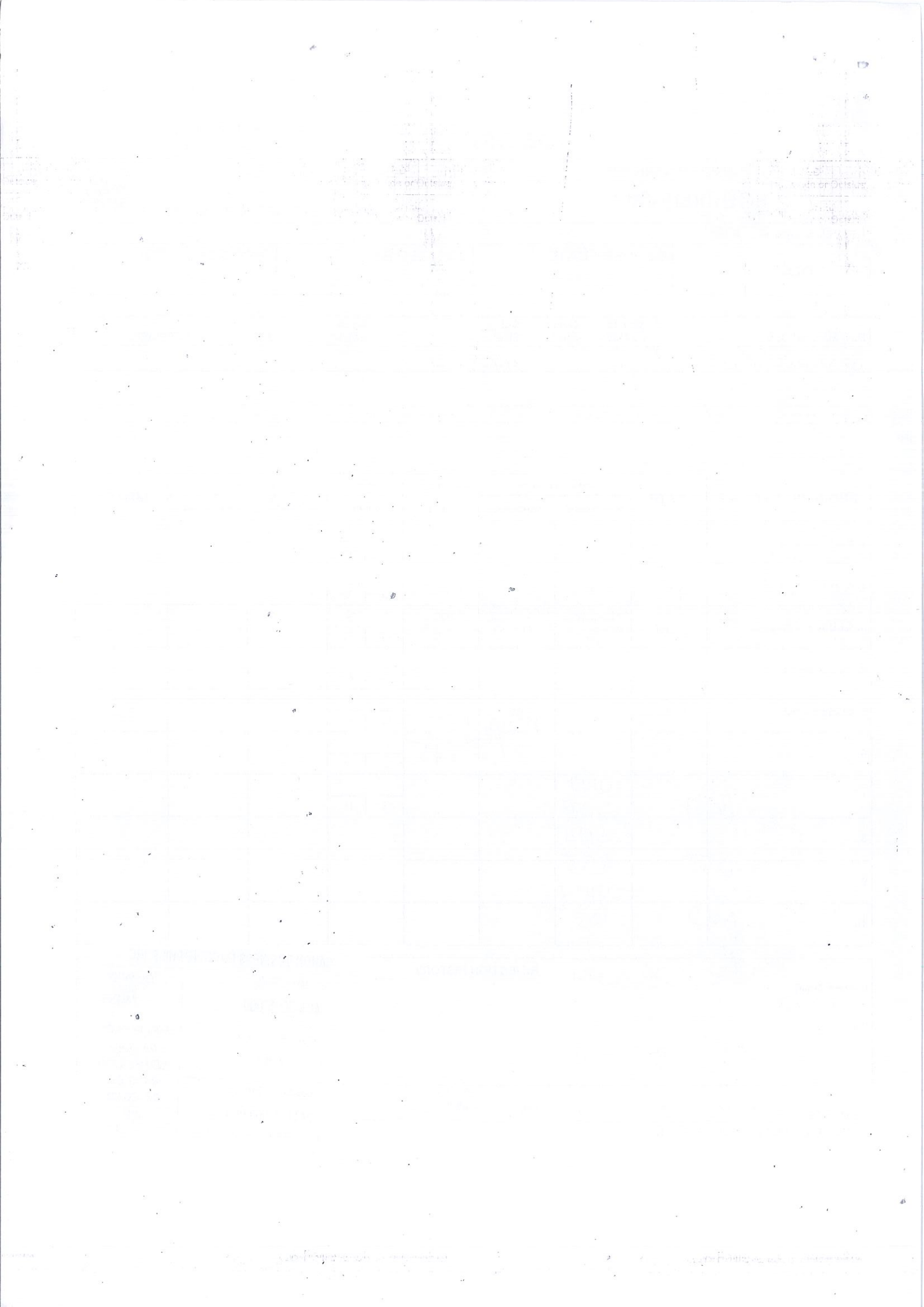
Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
1275X2442 CBF NPK180	130	1	224X2025 CBF	131	0190965	PW

Tooling Reference # _____ Control/Batch #: _____ RM Issued By: am 11/13

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. SLITTER BIG	11/13	D.J		131	1				
2. SLITTER SMALL	11/13	BE	PAUL 11/13	653	2				
3. GLUING MANUAL	11/14	MARIELLY ALVES	11-14	515 + 135	1	3			
4. LOT NUMBERING					G	R			
5. SCREENING	11/14		JOMS	400 + 145	G	R	105		Bad.
6.				545	G	R			
7.	2011/14	650			G	R			
8.	2011/14	545							
9.	2411/14								
10.	1648	105							

Customer Claim:		REJECTION HISTORY		CANON BUSINESS MACHINE PHILS. INC	
Notes:		BY: <u>DATHENE VILLANUEVA</u> Job Controller		Item Code 6CB-0005-000	Quantity 400 pcs.
REMARKS: <u>GOOD CROWNFEET ON ROUGH SURFACE</u>		11/14 ALVES		Item Description BODY	Supplier's QC PASSED INSPECTION RoHS OK QA-CG633
PROD PLAN: ADD #11 PLAN 2024-319				Lot No. / Ref. NO. 241114-00339-1	IPD
				K. KANEPACKAGE PHILIPPINE INC.	

Juh 11/13



KANEPACKAGE PHILIPPINE INC.		SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)		Control No. SQB-11-001041			
I. Item Information							
Customer: CANON BUSINESS MACHINE PHILS.		Inspection Date: 02/11/24/11/4		Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night			
Location: BATANGAS		Delivery Date: 241114					
Item Code: 6CB-0005-000		Job Order No.: JO-TO-IPD-24-00339-1					
Item Description: BODY		Job Order Qty: 650					
Model: N/A		Inspection Method: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling					
Drawing Revision No.: 00		Delivery Receipt No.: 0196905					
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: 12/47		Time Conducted Sample #2: 14/17		Time Conducted Sample #3: 16/12			
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3		
1	514	7+5	514	514	514		
2	464	5-2	464	464	464		
3	224		225	225	224		
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3		
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
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: 242288-001			
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	49		49	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	11			Others	N/A	N/A	N/A
Delamination							
Uneven Kraft liner				C. CORRUGATED PALLET			
Warpage				In-house	External Provider	Total Quantity	
Cracking on edge				Color of Carton (Discoloration)	N/A	N/A	N/A
Bursting / Bursting on Edge (Crowfeet)	15		15	Flute of Material	N/A	N/A	N/A
Wrong die-cut orientation				Type of Adhesion	N/A	N/A	N/A
Inverted die-cut				Adhesion of Runner	N/A	N/A	N/A
Close Gap/ Wide Gap				Rusty Wire	N/A	N/A	N/A
Print Color : _____				Wrong Orientation	N/A	N/A	N/A
Missing Print/ Character	11			Damages: _____	N/A	N/A	N/A
Blotted Print				Others : _____	N/A	N/A	N/A
Smeared Print				D. MOULDED ITEMS			
Other Print Defect : _____				In-house	External Provider	Total Quantity	
Linemark				Poor Fusion	N/A	N/A	N/A
Fish-eye				Chip Off	N/A	N/A	N/A
Stain : _____				Warp / Deform	N/A	N/A	N/A
Excess Glue				Crack	N/A	N/A	N/A
Gluing Defect : <u>mis align</u>	9		9	Broken	N/A	N/A	N/A
Worn-out	4		4	Scratches	N/A	N/A	N/A
Dent	7		7	Foreign Materials	N/A	N/A	N/A
Punctured	5		5	Wet / Moist	N/A	N/A	N/A
Tear-off				Dirt	N/A	N/A	N/A
Peel-off				Stain : _____	N/A	N/A	N/A
Damages : <u>TORN</u>	5		5	Discoloration	N/A	N/A	N/A
Others : <u>over cap</u>	7		7	Excess Flashes	N/A	N/A	N/A
	4		4	Others :	N/A	N/A	N/A

SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Joint Flap		Judgement	
Requirement	Actual	Good	No Good
GLUED (Inside or Outside)	Inside	—	
STITCHED (Inside or Outside)	NI	A	

Type of Material		Judgement	
Requirement	Actual	Good	No Good
Corrugated	NPK F80	—	
Flute	CBF	—	
Others	NI	A	

IV. Destructive Test (Based on Customer Requirement)			
Requirement	Actual	Good	No Good
70%	90%	—	

V. Barcode Print (If Only with Printed Barcode on Item)			
Scan 1	NI/A	<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)		<input type="checkbox"/> Good	<input type="checkbox"/> No Good

VI. Inspection Result		
Total Qty Inspected	Actual	Defect Rate Formula:
Total Qty Good	545	Total Quantity NG
Total Qty NG	105	Total Qty. Inspected x100
Defect Rate	16.15%	PPM Formula:
	161,548.46	Total Quantity NG
		Total Qty. Inspected x1,000,000

VII. Sampling Inspection Result	
Total Sampling Qty Inspected	
Total Sampling Qty Good	
Total Sampling Qty NG	
Defect Rate	
	NI/A

VIII. Disposition	
<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.: 982024-11-066/027

IX. Remarks	

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
J. Aboc	Qw		
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				

Received by (Signature over Printed Name)	
R&R Staff	
QA Inspector	

[illegible]