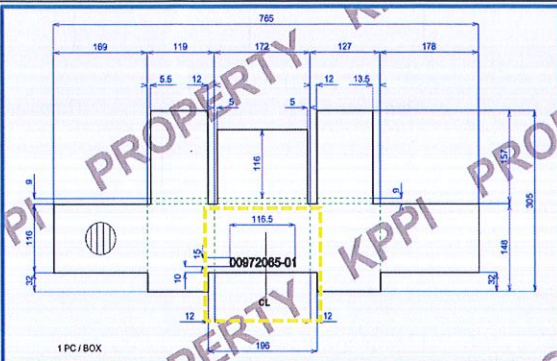
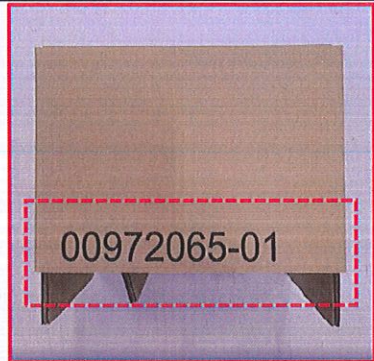
 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No. AR2024-11-110	
I. Item Information					
Item Code	00972065-01	Customer	SANYO DENKI		
Item Description	TOP PAD	Delivery Date	241125		
Inspection Date	241125	Inspection Time	7:00 PM		
Lot Quantity	240 PCS	Job Order Number	JO24-M-02011-8		
Affected Quantity	90 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	37.5% 375,000 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 6		
Problem Description	MISALIGNED PRINT	Delivery Receipt Number	N/A		
II. Visual Reference (Defect Illustration)					
GOOD			NO GOOD		
					
III. Documented Information Review (To be filled out by QA Line leader)					
Related Doc. Info.		Control Number	Requirement: NO MISALIGNED PRINT (PRINT SHOULD BE IN CENTER LINE)		
<input checked="" type="checkbox"/> Procedure Manual :		PM-QA-018	Actual: MISALIGN PRINT		
<input checked="" type="checkbox"/> Technical Drawing :		SDP-0915-01AJ4-03			
<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 :		JO24-M-02011-8			
<input checked="" type="checkbox"/> Reports :		AR2024-11-110			
<input checked="" type="checkbox"/> Defect Limit :		SDP 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	
V. EMNACE	J. RELLORA		M. CASILLANO	24/11/24	
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	
		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		



Kanepackage Philippine Inc.

JOB ORDER

MEMO: SERVO MOTOR

Santiago, Jhanine

SO #: SO24-M-02011

PR-001-F12-REV.00

Customer : SANYO DENKI PHILS INC

ITEM CODE: 00972065-01

Netsuite Itemcode : 00972065-01

JOB ORDER:



JO24-M-02011-8

Item Description : TOP PAD

QTY: 240	DELIVERY DATE: 2024-11-25	CREATED BY: Javier, Charlotte Nicole	DATE RELEASED: 2024-11-19
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Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
1475X2400 CBF TX200	20	1	645 X 795 CBF	126 21	0197703	Reo

Tooling Reference # EC-47 C-112-94 Control/Batch #: _____ RM Issued By: any 11/21

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN	REJECTED QTY		REMARKS
		Operator	ME/QA			INHOUSE	SUPPLIER	
1. SLITTER BIG	11/21	D.J		63	1 G R			
2. SLITTER SMALL	11/21	ES		126	1 G R			
3. EQOS	11/22	MMJO	11/22	726	3 G R			C-0156 4 0500
4. DIECUT S1700-2	11/25	RC	JEX 11/25	126	G R			5-9:12 E-9:14
5. DETACHING 1	11/26	PS		252	G R			
6. HOTMELT	11/25	Gyon Mmve		240	G R			
7. LOT NUMBERING	11/25		clanisa	150	G R			
8. SCREENING	11/25		RUEL VIC KIAVI ALVIN	150		90		
9.								
10.								

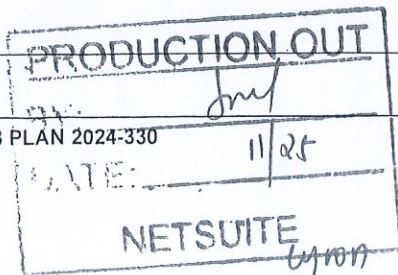
REJECTION HISTORY

Customer Claim:

Notes:

REMARKS

PROD PLAN: ADD #3 PLAN 2024-330



SANYO DENKI PHILIPPINES INC.	
Item Code 00972065-01	Quantity 20 pcs.
Item Description TOP PAD	Supplier's QC PASSED INSPECTION RoHS OK QA-CG725 MP
Lot No. / Ref. NO. 241125-02011-8	
KANEPACKAGE PHILIPPINE INC.	

JAE

11/21



KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-11-001941

I. Item Information

Customer	SANYO DENKI PHILS INC	Inspection Date	24/11/25	Shift:	<input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	NORTH	Delivery Date	241125		
Item Code	00972065-01	Job Order No.	JO24-M-02011-8		
Item Description	TOP PAD	Job Order Qty.	240		
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling		
Drawing Revision No.	03	Delivery Receipt No.	0197703		
External Provider	PLW	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing		
			<input type="checkbox"/> SD1800		

II. Dimensional Inspection

Time Conducted Sample #1: 7:10			Time Conducted Sample #2: 7:20			Time Conducted Sample #3: 7:30					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	761	±.5	761	761	761	16					
2	305		305	305	305	17					
3	196		196	196	196	18					
4	157		157	157	157	19					
5	148		148	148	148	20					
6	116.5		116	116	116	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: 24-21079-088

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							
Uneven Kraft liner	N			C. CORRUGATED PALLET	In-house	External Provider	Total Quantity
Warpage				Color of Carton (Discoloration)	N/A	N/A	N/A
Cracking on edge				Flute of Material	N/A	N/A	N/A
Bursting / Bursting on Edge (Crowfeet)				Type of Adhesion	N/A	N/A	N/A
Wrong die-cut orientation				Adhesion of Runner	N/A	N/A	N/A
Inverted die-cut			P	Rusty Wire	N/A	N/A	N/A
Close Gap/ Wide Gap				Wrong Orientation	N/A	N/A	N/A
Print Color : _____				Damages : _____	N/A	N/A	N/A
Missing Print/ Character				Others : _____	N/A	N/A	N/A
Blotted Print							
Smeared Print				D. MOULDED ITEMS	In-house	External Provider	Total Quantity
Other Print Defect : Misalign Print	90		90	Poor Fusion	N/A	N/A	N/A
Linemark				Chip Off	N/A	N/A	N/A
Fish-eye				Warp / Deform	N/A	N/A	N/A
Stain : _____				Crack	N/A	N/A	N/A
Excess Glue				Broken	N/A	N/A	N/A
Gluing Defect : _____	N			Scratches	N/A	N/A	N/A
Worn-out				Foreign Materials	N/A	N/A	N/A
Dent				Wet / Moist	N/A	N/A	N/A
Punctured			D	Dirt	N/A	N/A	N/A
Tear-off				Stain : _____	N/A	N/A	N/A
Peel-off				Discoloration	N/A	N/A	N/A
Damages : _____				Excess Flashes	N/A	N/A	N/A
Others : _____				Others : _____	N/A	N/A	N/A

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)					Corrugated			
STITCHED (Inside or Outside)					Flute			
IV. Destructive Test (Based on Customer Requirement)				V. Barcode Print (If Only with Printed Barcode on Item)				
Requirement	Actual	Good	No Good	Scan 1		<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)				
VI. Inspection Result				VII. Sampling Inspection Result				
Total Qty Inspected		Defect Rate Formula:		Total Sampling Qty Inspected				
Total Qty Good		Total Quantity NG		Total Sampling Qty Good				
Total Qty NG		Total Qty. Inspected x100		Total Sampling Qty NG				
Defect Rate in %		PPM Formula:		Defect Rate in %				
in PPM		Total Quantity NG		in PPM				
		Total Qty. Inspected x1,000,000						
VIII. Disposition				IX. Remarks				
<input checked="" type="checkbox"/> Good <input type="checkbox"/> Backload <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework								
<input type="checkbox"/> For Special Acceptance <input type="checkbox"/> Conditional (Please indicate details)								
Abnormality Report Control No.: <u>AK002U-11-110</u>								
Inspected by		Checked by		Approved by (If there are major concerns)		Verified by (If there are major concerns)		
Y. EUNAGE / M. BARKINDIA A. BOPOATEO / R. LLANTO		J. SELLER						
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]