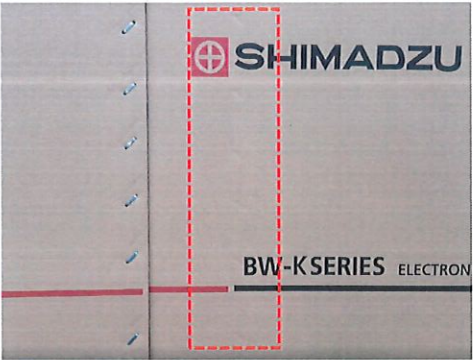

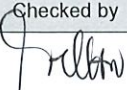
 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No. AR2024-10-118	
I. Item Information					
Item Code	321-60182	Customer	SHIMADZU		
Item Description	OUTER BOX, BW	Delivery Date	241003		
Inspection Date	241015	Inspection Time	01:00 AM		
Lot Quantity	24 pcs.	Job Order Number	JO24-R-00348-73		
Affected Quantity	24 pcs.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	100.0% 1,000,000 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 3		
Problem Description	DENT MARK	Delivery Receipt Number	N/A		
II. Visual Reference (Defect Illustration)					
GOOD		NO GOOD			
NO DENT MARK					
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 SMZ-0214-01AB-02 WI-QA-001-010 JO24-R-00348-73 AR2024-10-118 SHIMADZU DEFECT LIMIT	Requirement: NO DENT MARK Actual: WITH DENT MARK 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		
Remarks:			If item is for sorting, for backload, or for rework, fill-out below,		
			Person In Charge	Target Date	Signature
Detected by  B. PORTES QA Inspector			Checked by  J. RELLORA QA Line Leader		Initial Approved by (If Needed)
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 <input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need		Approved by Top Management
			Final Disposition <input type="checkbox"/> Backload <input type="checkbox"/> Accept <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		

MEMO: - None -

Mark Jefferson II Jorvina Pacia
SO #: SO24-R-00348 REV6

JOB ORDER

Customer : SHIMADZU PHILIPPINES MFG. INC

ITEM CODE: **321-60182**

Netsuite Itemcode : 321-60182

JOB ORDER:

JO24-R-00348-73



Item Description : OUTER BOX, BW

QTY: **20**

DELIVERY DATE:
2024-10-03

CREATED BY:
Villanueva, Nene Adeva

DATE RELEASED:
2024-09-27

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
1450X1500 CBF TX200	40	10	1010 X 1287 CBF	50	50	19279

Tooling Reference # 10-82 Drop Control/Batch #:

RM Issued By: Joe 10/2

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. SLITTER BIG	10/2	D.J		50	1				
2. SLITTER SMALL	10/2	JS		50	1				
3. EQOS	10/3	CED	Janet	50	G	R			S- 1097 E- 1047
4. HANDHOLE	10/05	Jul	Janet	50	G	R			S- 1415 E- 126
5. TABLE STITCHING	10/08	John		24	G	R			*
6. LOT NUMBERING	10/08		IM	18	G	R			
7. SCREENING	10/08		Kyle	18	G	R			
8.	10/15		Ben	0			24		- (CONT)
9.									
10.									

REJECTION HISTORY

Customer Claim:

Notes:

PRODUCTION OUT
BY: Nene - John
DATE: 10/14

KANEPACKAGE PHILIPPINE, INC. REV

CUSTOMER : SHIMADZU PHILIPPINES MFG. INC
ITEM CODE : 321-60182
ITEM DESCRIPTION : OUTER BOX, BW
ITEM SIZE :
LOT NUMBER : 441008-JO24-R-00348-73
QUANTITY : 5 pcs.

REHS OK

QA-CG369

MP QA PASSED

REMARKS

PROD PLAN: ADD #1 PLAN 2024-277

RECEIVED
NAME: Ben DATE: 10/15

KANEPACKAGE PHILIPPINE INC.		SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)		Control No. SQA-10-000665	
I. Item Information					
Customer	SHIMADZU PHILIPPINES MFG. INC		Inspection Date	241015 Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night	
Location	Rosario		Delivery Date	241003	
Item Code	321-60182		Job Order No.	JO24-R-00348-73	
Item Description	OUTER BOX, BW		Job Order Qty.	20	
Model	N/A		Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	02		Delivery Receipt No.	195279	
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: 0100			Time Conducted Sample #2: 0105		
Time Conducted Sample #3: 0100					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	650	±3	651	650	650
2	585		585	585	586
3	395		396	395	396
4	40		40	40	41
5	115	±5	116	115	116
6	25		25	25	26
7					
8					
9					
10					
11					
12					
13					
14					
15					
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: 24060 - 056					
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	
Scoring					
Grain Direction					
Paper Shade (Off Color)					
Bubbles					
Blister					
Wrinkle					
Delamination					
Uneven Kraft liner					
Warping					
Cracking on edge					
Bursting / Bursting on Edge (Crowfeet)					
Wrong die-cut orientation					
Inverted die-cut					
Close Gap/ Wide Gap					
Print Color : _____					
Missing Print/ Character					
Blotted Print					
Smeared Print					
Other Print Defect : _____					
Linemark					
Fish-eye					
Stain : _____					
Excess Glue					
Gluing Defect : _____					
Worn-out					
Dent		24		24	
Punctured					
Tear-off					
Peel-off					
Damages : _____					
Others :					
B. PALLET		In-house	External Provider	Total Quantity	
Condition of Wood		N/A	N/A	N/A	
Rusty Nail		N/A	N/A	N/A	
Warping		N/A	N/A	N/A	
Fumigation Stamp		N/A	N/A	N/A	
Crack/ Damages		N/A	N/A	N/A	
Others		N/A	N/A	N/A	
C. CORRUGATED PALLET		In-house	External Provider	Total Quantity	
Color of Carton (Discoloration)		N/A	N/A	N/A	
Flute of Material		N/A	N/A	N/A	
Type of Adhesion		N/A	N/A	N/A	
Adhesion of Runner		N/A	N/A	N/A	
Rusty Wire		N/A	N/A	N/A	
Wrong Orientation		N/A	N/A	N/A	
Damages : _____		N/A	N/A	N/A	
Others : _____		N/A	N/A	N/A	
D. MOULDED ITEMS		In-house	External Provider	Total Quantity	
Poor Fusion		N/A	N/A	N/A	
Chip Off		N/A	N/A	N/A	
Warp / Deform		N/A	N/A	N/A	
Crack		N/A	N/A	N/A	
Broken		N/A	N/A	N/A	
Scratches		N/A	N/A	N/A	
Foreign Materials		N/A	N/A	N/A	
Wet / Moist		N/A	N/A	N/A	
Dirt		N/A	N/A	N/A	
Stain : _____		N/A	N/A	N/A	
Discoloration		N/A	N/A	N/A	
Excess Flashes		N/A	N/A	N/A	
Others :		N/A	N/A	N/A	

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SCREENING INSPECTION REPORT
(CORRUGATED AND MOULDED ITEMS)

[illegible]