



ABNORMALITY REPORT

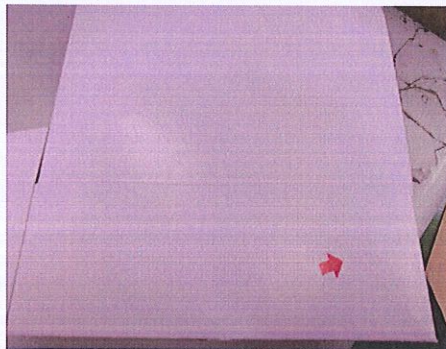
Control No.

AR2024-12-031

I. Item Information

Item Code	63-29360 BOX	Customer	ARKRAY
Item Description	ACCESSORY CASE 90X155	Delivery Date	241209
Inspection Date	241209	Inspection Time	1PM
Lot Quantity	42 PCS	Job Order Number	JO24-M-02227-2
Affected Quantity	14 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	33.33% 333,333 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	PRODN
Problem Description	DENT	Delivery Receipt Number	N/A

II. Visual Reference (Defect Illustration)

GOOD	NO GOOD
NO DENT	

III. Documented Information Review (To be filled out by QA Line leader)

Related Doc. Info.	Control Number	Requirement:	DENT NOT ACCEPTABLE
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	WITH DENT UP TO 55MM
<input checked="" type="checkbox"/> Technical Drawing :	AKI-0256-01		
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010	Conclusion or Recommendation:	REJECT <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Job Order :	JO24-M-0593-5		
<input checked="" type="checkbox"/> Reports :	AR2024-12-031		
<input checked="" type="checkbox"/> Defect Limit :	GENERAL DEFECT LIMIT		

IV. Initial Disposition (To be filled out by ME Department If Needed)

<input type="checkbox"/> Good	<input type="checkbox"/> Conditional (Please indicate details)
<input type="checkbox"/> Rejected	
<input type="checkbox"/> Backload	

V. Final Disposition

<input checked="" type="checkbox"/> Rejected	<input type="checkbox"/> Conditional (Please indicate details)		
<input type="checkbox"/> Backload	If item is for sorting, for backload, or for rework, fill-out below,		
<input type="checkbox"/> Good			
<input type="checkbox"/> For Sorting	Person In Charge	Target Date	Signature
<input type="checkbox"/> For Rework			

Remarks:

JUDGEMENT

(If subject is for issuance of IRF / CAR)

- ☐ FOR 5 WHY ISSUANCE
☐ FOR CAR ISSUANCE
☒ FOR IRF ISSUANCE

Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
M. BUENCAMINO PRODN	A. FILIPINAS		M. CASILLANO QA Head	241210 QA Staff
QA Inspector	QA Line Leader	ME Head		
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 <input type="checkbox"/> Other
			Top Management	

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		

Answer-12-07

725



Kanepackage Philippine Inc.

PR-001-F12-REV.00

MEMO: - None -

JOB ORDER

Manaig Rea, Villanueva
SO #: SO24-M-02227

Customer : ARKRAY INDUSTRY, INC.

ITEM CODE: **63-29360 BOX**
Netsuite Itemcode : 63-29360 BOX

Item Description : (ACCESSORY CASE 90X155)

QTY: **42**

DELIVERY DATE:
2024-12-07

CREATED BY:
Tuiza, Jecille Maduro

DATE RELEASED:
2024-12-05

JOB ORDER:
JO24-M-02227-2

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
63-29360 BOX	42		N/A	42		PICK-UP

Tooling Reference # _____ Control/Batch #: _____ RM Issued By: CMY 12/9

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA				INHOUSE	SUPPLIER	
1. GLUING MANUAL	12/09	JEFF		42					
					G	R			
2. GLUING CONVEYOR 1	12-9	M.C. E		28		14			
					G	R			
3. LOT NUMBERING	12/09		JHH	28					
					G	R			
4. PRODUCTION BUNDLE	12-9	Jeff		28					
					G	R			
5. SCREENING	12/9		JHP	28					
					G	R			
6.									
					G	R			
7.									
					G	R			
8.									
9.									
10.									

REJECTION HISTORY

Customer Claim:

Notes:

REMARKS
PROD PLAN: ADD #11 PLAN 2024-342

PRODUCTION OUT
BY: ARLENE PALLERMO
DATE: Job Controller
NETSUITE 12/9

ARKRAY INDUSTRY INC.

Item Code
63-29360

Item Description
BOX (ACCESSORY CASE 90 X 155)

Lot No. / Ref NO.
241209-02227-2


Quantity
28 pcs.

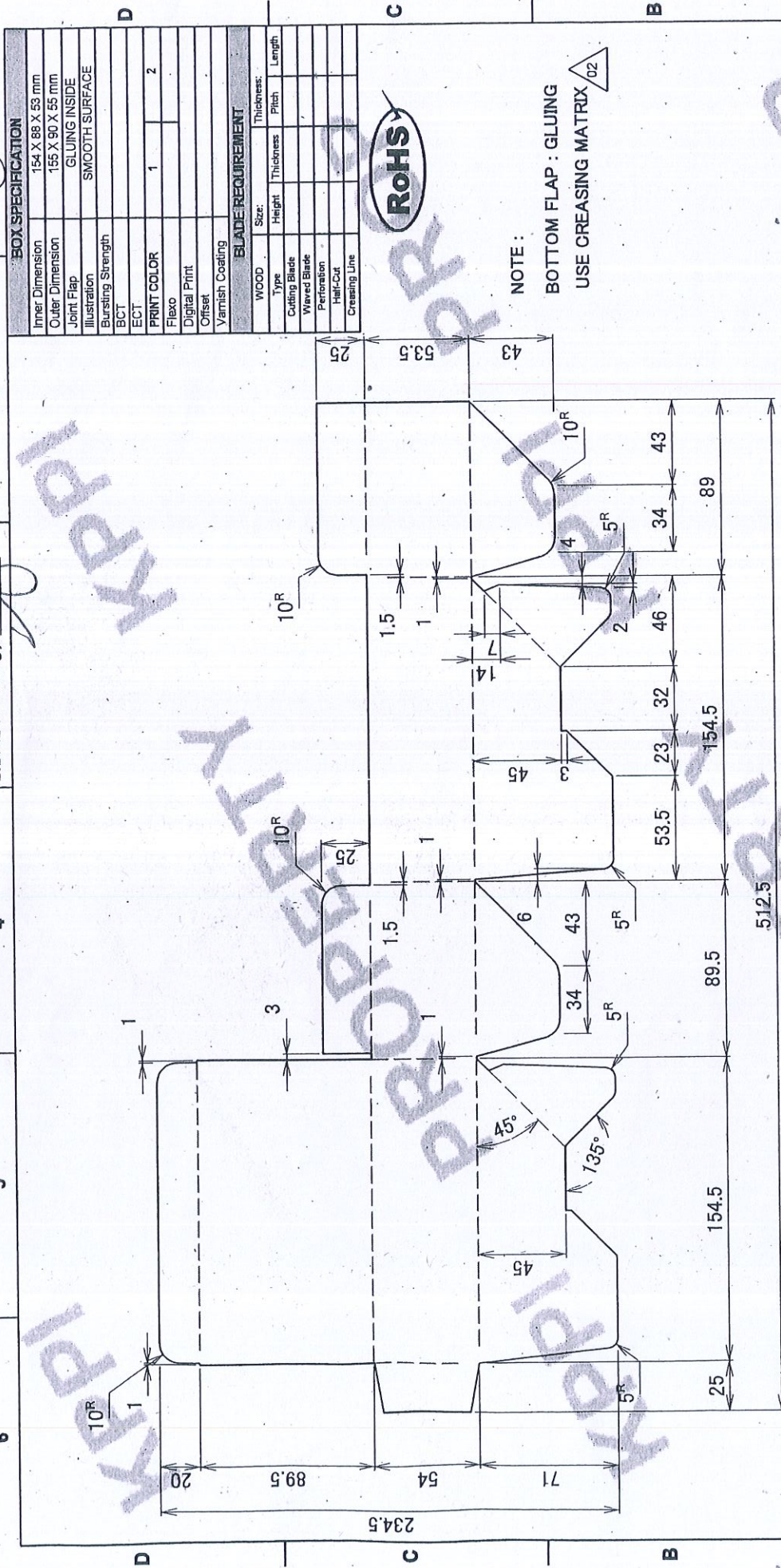
Supplier's QC
PASSED
INSPECTION
RoHS OK
QA-KP367
MP







KANEPACKAGE PHILIPPINE INC.

Penf
H. Buenavista

*** UNCONTROLLED COPY FOR JOB ORDER ***

2024-12-05 Issued by: 



CUSTOMER : ARKRAY INDUSTRY ITEM DESCRIPTION/PART CODE: 63-29360 BOX ACCESSORY CASE (90 X 155)		CUSTOMERS SUPPLIED REFERENCE NO.  ITEM KEY : AKI-0255-01AB-02 PAGE : 1/2		TOLERANCE DIMENSION: >=50 +0.1 51-200 +0.2 201-400 +0.3 401-700 +0.4 701-1000 +0.5 1000+ +0.8 PRINT : N/A		MATERIAL: CLAYCOATED 400 GMS (WHITE/GRAY BACK) LEGEND:  -HOLE  -CUTTING  -CREASING  -PERFORATION		PROCESSES 1 DIE CUT 2 DETACHING 3 4 5 6		PACKING INSTRUCTION: 25 PCS. / BUNDLE		APPROVED BY:  CHECKED BY: M. ALONSAGAY DATE: 24/04/29 REV. # 02	
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KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-12-000725

I. Item Information

Customer	ARKRAY INDUSTRY INC.	Inspection Date	2/12/09	Shift:	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	241207		
Item Code	63-29360 BOX	Job Order No.	JO24-M-02227-2		
Item Description	(ACCESSORY CASE 90X155)	Job Order Qty.	42		
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling		
Drawing Revision No.	02	Delivery Receipt No.	2/		
External Provider		Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing		
			<input type="checkbox"/> SD1800		

II. Dimensional Inspection

Time Conducted Sample #1: 12:30			Time Conducted Sample #2: 12:45			Time Conducted Sample #3: 1:00					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	154	±2	154	154	154	16					
2	88	±2	88	88	88	17					
3	53	±2	53	53	53	18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Measuring Tool Used: ☒ Meter Tape ☐ Thickness Gauge ☐ Moisture Content Tester ☐ Weighing Scale ☐ Zahn Cup ☐ Steel Ruler ☐ Stopwatch ☐ Caliper

Control Number of Measuring Tool Used:

24-2023-047

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				C. CORRUGATED PALLET	In-house	External Provider	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				D. MOULDED ITEMS	In-house	External Provider	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: _____							

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)	Inside	Inside	✓		Corrugated				
STITCHED (Inside or Outside)					Flute				
					Others	clay coated	clay coated	-	
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)							<input type="checkbox"/> Good	<input type="checkbox"/> No Good	
VI. Inspection Result					VII. Sampling Inspection Result				
Total Qty Inspected		28	Defect Rate Formula:		Total Sampling Qty Inspected				
Total Qty Good		28	Total Quantity NG		Total Sampling Qty Good				
Total Qty NG		0	Total Qty. Inspected x100		Total Sampling Qty NG				
Defect Rate in %		0%	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.:				
Inspected by		Checked by		Approved by (If there are major concerns)		Verified by (If there are major concerns)			
J. Principi									
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]