
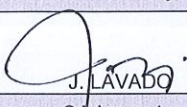
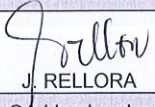
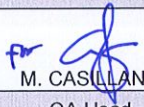
 KANEPACKAGE PHILIPPINE INC.		<h1 style="margin:0;">ABNORMALITY REPORT</h1>		Control No.													
				AR2024-12-096													
<b>I. Item Information</b>																	
Item Code	PKC505B-B	Customer	SFLI KOYAMA														
Item Description	INNER BOX	Delivery Date	241220														
Inspection Date	241221	Inspection Time	2:30 PM														
Lot Quantity	2,000 PCS	Job Order Number	JO24-M-02398-8														
Affected Quantity	100 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:														
Rejection Rate and PPM	5%      50,000 PPM	Date Received	N/A														
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2														
Problem Description	POOR PRINT	Delivery Receipt Number	N/A														
<b>II. Visual Reference (Defect Illustration)</b>																	
GOOD		NO GOOD															
NO POOR PRINT																	
<b>III. Documented Information Review (To be filled out by QA Line leader)</b>																	
Related Doc. Info.		Control Number	Requirement: NO POOR PRINT														
<input checked="" type="checkbox"/> Procedure Manual :		PM-QA-018	Actual: WITH POOR PRINT														
<input checked="" type="checkbox"/> Technical Drawing :		KOY-0092-01AB															
<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-02398-8															
<input checked="" type="checkbox"/> Reports :		AR2024-12-096															
<input checked="" type="checkbox"/> Defect Limit :		KOYAMA DEFECT LIMIT															
<b>IV. Initial Disposition (To be filled out by ME Department If Needed)</b>			<b>V. Final Disposition</b>														
<input type="checkbox"/> Good <input type="checkbox"/> Conditional (Please indicate details)			<input 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,														
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Person In Charge</td> <td style="width: 33%;">Target Date</td> <td style="width: 33%;">Signature</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			Person In Charge	Target Date	Signature									
Person In Charge	Target Date	Signature															
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												
 J. LAVADO		 J. RELLORA			 M. CASILLANO												
QA Inspector		QA Line Leader	ME Head		QA Head												
					QA Staff												
<b>Important: Backloading Policy (External Provider Rejects)</b> Rejection rate that is more than 80% of the total quantity shall be approved by Top Management before backloading.			Evaluation		Approved by												
			<input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need		Top Management												
					Final Disposition												
		<input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____															



# ABNORMALITY REPORT

## 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.

MEMO: KOYAMA

PR-001-F12-REV.00

Maria Cecilia Salmorin Boncalos  
SO # : SO24-M-02398 rev.02

## JOB ORDER

Customer: <b>SUPER FLEX LOGISTIC INC.</b>		JOB ORDER:	
ITEM CODE: <b>PKC505B-B</b>		JO24-M-02398-8	
Netsuite Itemcode: <b>PKC505B-B</b>			
Item Description: <b>INNER BOX</b>			
QTY: <b>2000</b>	DELIVERY DATE: <b>2024-12-20</b>	CREATED BY: <b>JECEL BALINGBING BUCE</b>	DATE RELEASED: <b>2024-12-18</b>

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
595X855 EF TX200	500	5	N/A	505		Pick up

Tooling Reference # **C-119 / 56** Control/Batch #: RM Issued By: **Say 12/20**

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	12/20	PVEA	12/20	503	2	2			C-1017 1011
2. DIECUT S1700	12/20	WINS JAMES	JAN 12/20	503	G	R			
3. DETACHING 1	12/20	NS		2012	G	R			
4. GLUING SD 1336	12/21	Noreth Cor DMD		2000	G	R			
5. LOT NUMBERING	12/21		Chineda	1860	G	R	12		
6. SCREENING	12/21		Formyle	1860	G	R	140		
7.					G	R			
8.									
9.									
10.									

### KANEPACKAGE PHILIPPINE, INC.

Customer/Client: <b>NS</b>	CUSTOMER: <b>SUPERFLEX LOGISTICS INC.</b>	RoHS OK
ITEM CODE: <b>PKC505B-B</b>	ITEM CODE: <b>PKC505B-B</b>	
ITEM DESCRIPTION: <b>INNER BOX</b>	ITEM DESCRIPTION: <b>INNER BOX</b>	
Lot NO. <b>241221-JO24-M-02398-8</b>	Lot NO. <b>241221-JO24-M-02398-8</b>	
QUANTITY: <b>480 pcs.</b>	QUANTITY: <b>480 pcs.</b>	QA-CG369 MP

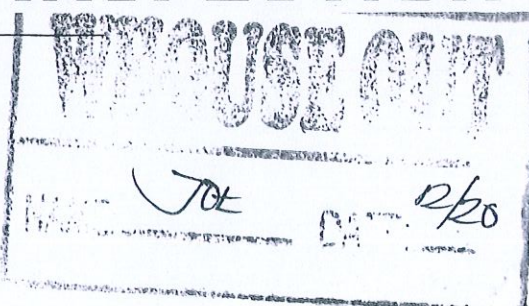
REMARKS: PROD PLAN: ADD #12 PLAN 2024-355

PRODUCTION

BY: **12/20**

NETSUITE

princess





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KANE PACKAGE PHILIPPINE INC.

# SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-12-001804

## I. Item Information

Customer	SUPERFLEX	Inspection Date	24/12/21	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	LAGUNA	Delivery Date	241220	
Item Code	PKC505B-B	Job Order Number	JO24-M-02398-8	
Item Description	INNER BOX	Job Order Qty.	2,000	
MODEL	N/A	Inspection Method	<input checked="" type="checkbox"/> 100%	<input type="checkbox"/> Sampling
Drawing Revision No.	00	Delivery Receipt No.	N/A	
External Provider	N/A	Gluing Process	<input checked="" type="checkbox"/> Manual Gluing	<input type="checkbox"/> Semi-Auto Gluing
			SD1800	

## II. Dimensional Inspection

Time Conducted Sample #1: 2:20			Time Conducted Sample #2: 2:40			Time Conducted Sample #3: 3:10		
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance
1	91		95	97	96	16		
2	91		94	98	97	17		
3	91		96	95	94	18		
4	279		280	281	280	19		
5	49		47	48	49	20		
6						21		
7						22		
8						23		
9						24		
10						25		
11						26		
12						27		
13						28		
14						29		
15						30		

Measuring <input checked="" type="checkbox"/> Meter Tape	<input type="checkbox"/> Moisture Content Tester	<input type="checkbox"/> Zahn Cup	<input type="checkbox"/> Stopwatch	Control Number of Measuring Tool Used: 24-22277-011
Tool Used: <input type="checkbox"/> Thickness Gauge	<input type="checkbox"/> Weighing Scale	<input type="checkbox"/> Steel Ruler	<input type="checkbox"/> Caliper	

## 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	20		20	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: Poor print	100		100	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: Excess glue	5		5	Wet / Moist	N/A	N/A	N/A
Worn-out				Dirt	N/A	N/A	N/A
Dent	5		5	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	7		7	Others:	N/A	N/A	N/A
Damages:							
Others:							



