

		ABNORMALITY REPORT		Control No.	
				AR2025-01-074	
I. Item Information					
Item Code	RX1-5755-000	Customer	CBMP		
Item Description	Z10 CARTON	Delivery Date	250115		
Inspection Date	250120	Inspection Time	3:30 PM		
Lot Quantity	495 PCS.	Job Order Number	JO-F-24-1258-1		
Affected Quantity	22 PCS.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	4.4%      44,444 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 3		
Problem Description	PEEL OFF	Delivery Receipt Number	N/A		
II. Visual Reference (Defect Illustration)					
GOOD			NO GOOD		
NO PEEL OFF					
III. Documented Information Review (To be filled out by QA Line leader)					
Related Doc. Info.		Control Number	Requirement: 10mm ACCEPTABLE (CLASS B)		
<input checked="" type="checkbox"/> Procedure Manual :		PM-QA-001	Actual: PEEL OFF UP TO 20mm		
<input checked="" type="checkbox"/> Technical Drawing :		CBM-0468-01AB-03			
<input checked="" type="checkbox"/> Work Instruction :		WI-QA-001-010	Conclusion or Recommendation: REJECT <div style="float: right;"> <input type="checkbox"/> Applicable  <input type="checkbox"/> Not Applicable         </div>		
<input checked="" type="checkbox"/> Job Order :		JO-F-24-1258-1			
<input checked="" type="checkbox"/> Reports :		AR2025-01-074			
<input checked="" type="checkbox"/> Defect Limit :		CBMP 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 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	Signature
		<input type="checkbox"/> For Sorting			
		<input type="checkbox"/> For Rework			
Remarks: SAME ISSUANCE OF IRF WITH PREVIOUS OCCURRENCE.					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	
K. MARAVILLA	J. PAMPLONA				
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	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			

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 Manpower	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 Manpower	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 Manpower	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: - None -

Tiquis, Jelica Reney  
SO #: TO-F-24-1258

PR-001-F12-REV.00

## JOB ORDER

Customer : CANON BUSINESS MACHINE PHILS.

JOB ORDER:

ITEM CODE: **RX1-5755-000**

JO-F-24-1258-1

Netsuite Itemcode : RX1-5755-000-RMFG

Item Description : Z10 CARTON

QTY: <b>900</b>	DELIVERY DATE: 2025-01-15	CREATED BY: Tuiza, Jecille Maduro	DATE RELEASED: 2025-01-09
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Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
500X1512 CBF NPK210	900	20	N/A	920	199693	pb

Tooling Reference # F26-22 Control/Batch # \_\_\_\_\_ RM Issued By: any 1/15

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	1/15	ATED	7/12/15	920	G	R			S-2/48 E-2/49
2. DIECUT S1700	01/17	JAS	SSM	310 590	G	R			S-J:10 E-S:13
3. GLUING CONVEYOR 2	01/18	CA		400 300	G	R			
4. LOT NUMBERING	01/20		JHEENA	300 800+80	G	R			
5. SCREENING	01/18		EPHEN	380	G	R	20		
6.	01/20		DAR	300	G	R	19		
7.	01/20		Joseph	173	G	R	3		Actual count
8.									
9.									
10.									

### REJECTION HISTORY

Customer Claim: IHRH: (240417) Mixing 66" 2 pcs. NG / 300 pcs.

Notes:

PRODUCTION OUT  
BY: Jm  
DATE: 1/20  
RECEIVED

KANEPACKAGE PHILIPPINE, INC. REV00  
CUSTOMER : CANON BUSINESS MACHINE PHILS. INC.  
ITEM CODE : RX1-5755-000  
ITEM DESCRIPTION : Z10 CARTON  
ITEM SIZE :  
LOT NUMBER : 250120-JO-F-24-1258-1  
QUANTITY : 173 pcs.  
QUANTITY : 300 pcs.

REMARKS

PROD PLAN: ADD #0 PLAN 2025-015

400 bwa - Jm 1/18 anies

M/0

REUSE OUT

DATE: 1/15



# MEMORANDUM

TO: [Name]  
FROM: [Name]  
SUBJECT: [Subject]

[Main body of the memorandum containing several paragraphs of text, mostly illegible due to blurriness.]



<b>KANEPACKAGE PHILIPPINE INC.</b>		<b>SCREENING INSPECTION REPORT</b> <b>(CORRUGATED AND MOULDED ITEMS)</b>		Control No. <b>SQA-01-001432</b>	
<b>I. Item Information</b>					
Customer	CANON BUSINESS MACHINE PHILS.		Inspection Date	250120 Shift <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night	
Location	FPIP		Delivery Date	250115	
Item Code	RX1-5755-000		Job Order No.	JO-F-24-1258-1	
Item Description	Z10 CARTON		Job Order Qty.	900	
Model	N/A		Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	03		Delivery Receipt No.	199693	
External Provider	PCV		Gluing Process	<input checked="" type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing	
				<input type="checkbox"/> SD1800	
<b>II. Dimensional Inspection</b>					
Time Conducted Sample #1: 1500			Time Conducted Sample #2: 1530		Time Conducted Sample #3: 1600
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	483	J5	483	483	483
2	224	J2	224	224	224
3	220		220	220	220
4					
5					
6					
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: 27-21021-214		
<b>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)</b>					
<b>A. CORRUGATED ITEM / BOX / DANPLA</b>		In-house	External Provider	Total Quantity	
Scoring		6		6	
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					
Punctured					
Tear-off					
Peel-off		13		13	
Damages :					
Others : washboard		3		3	
<b>B. PALLET</b>		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	
<b>C. CORRUGATED PALLET</b>		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	
<b>D. MOULDED ITEMS</b>		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	



<b>KANEPACKAGE PHILIPPINE INC.</b>				<b>SCREENING INSPECTION REPORT</b> <b>(CORRUGATED AND MOULDED ITEMS)</b>			
Joint Flap		Judgement		Type of Material		Judgement	
Requirement	Actual	Good	No Good	Requirement	Actual	Good	No Good
GLUED (Inside or Outside)	Inside / Inside	✓		Corrugated	100% 210	✓	
STITCHED (Inside or Outside)	X	✓		Flute	CBF	✓	
				Others	X	✓	
IV. Destructive Test (Based on Customer Requirement)				V. Barcode Print (If Only with Printed Barcode on Item)			
Requirement	Actual	Good	No Good	Scan 1	X	<input type="checkbox"/> Good	<input type="checkbox"/> No Good
	100% 90%	✓		Scan 2	X	<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	319	Defect Rate Formula: Total Quantity NG Total Qty. Inspected x100		Total Sampling Qty Inspected	X / 15		
Total Qty Good	300			Total Sampling Qty Good			
Total Qty NG	19			Total Sampling Qty NG			
Defect Rate in %	5.96%	PPM Formula: Total Quantity NG Total Qty. Inspected x1,000,000		Defect Rate in %			
in PPM	59,561.13%			in PPM			
VIII. Disposition				IX. Remarks			
<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.: <u>PER025-01-074</u>							
Inspected by		Checked by		Approved by (If there are major concerns)		Verified by (If there are major concerns)	
D. Pedrigal		[Signature]					
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					
	X		[Large diagonal line across table]			R&R Staff	
						Received by (Signature over Printed Name)	
						QA Inspector	
Total							
XI. Overall Inspection Time							
CORRUGATED AND MOULDED ITEMS							
Date	No. of Manpower	Qty	Time Start	Time End	Downtime	Total	Cause of Downtime
25/1/20	1	319	4:30	5:30	15	2hrs	14A



<b>KANEPACKAGE PHILIPPINE INC.</b>		<b>SCREENING INSPECTION REPORT</b> <b>(CORRUGATED AND MOULDED ITEMS)</b>		Control No. <b>SQA-01-001432</b>	
		<b>I. Item Information</b>			
Customer	CANON BUSINESS MACHINE PHILS.		Inspection Date	14/01/20 Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night	
Location	FPIP		Delivery Date	250115	
Item Code	RX1-5755-000		Job Order No.	JO-F-24-1258-1	
Item Description	Z10 CARTON		Job Order Qty.	900	
Model	N/A		Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	03		Delivery Receipt No.	199693	
External Provider	Dw		Gluing Process	<input checked="" type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing	
				<input type="checkbox"/> SD1800	
<b>II. Dimensional Inspection</b>					
Time Conducted Sample #1: 6:30			Time Conducted Sample #2: 6:40		Time Conducted Sample #3: 7:50
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	483	+5 -2	483	483	483
2	224		224	224	224
3	220		220	220	220
4	38	+5 -5	38	38	38
5	106		106	106	106
6	34		34	34	34
7	196		196	196	196
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: 24-22052-220					
<b>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)</b>					
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					
Warpage					
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					
Punctured					
Tear-off					
Peel-off		3		3	
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	



KANEPACKAGE PHILIPPINE INC.		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	NPK 210	NPK 210	/
STITCHED (Inside or Outside)	N/A			Flute	CBF	CBF	/
				Others	N/A		
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
	N/A			Scan 2	N/A	<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	176	Defect Rate Formula:		Total Sampling Qty Inspected			
Total Qty Good	173	Total Quantity NG		Total Sampling Qty Good			
Total Qty NG	3	Total Qty. Inspected x100		Total Sampling Qty NG	N/A		
Defect Rate	in % 1.70%	PPM Formula:		Defect Rate	in %		
	17.045 PPM	Total Quantity NG Total Qty. Inspected x1,000,000			in PPM		
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.: AR2025-01-094							
Inspected by		Checked by		Approved by (If there are major concerns)		Verified by (If there are major concerns)	
J. V. Armas		J. V. Armas				J. V. Armas	
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					
					R&R Staff		
					Received by (Signature over Printed Name)		
Total					QA Inspector		
XI. Overall Inspection Time							
CORRUGATED AND MOULDED ITEMS							
Date	No. of Manpower	Qty	Time Start	Time End	Downtime	Total	Cause of Downtime
25/01/20	1	173	6:30	7:00	-	30 min	-