



## ABNORMALITY REPORT

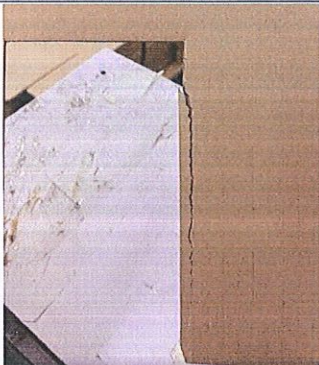
Control No.

AR2025-01-115

## I. Item Information

Item Code	3CB-0059-000	Customer	CBMP
Item Description	PARTITION	Delivery Date	250127
Inspection Date	250131	Inspection Time	1030H
Lot Quantity	4012 pcs.	Job Order Number	JO-F-25-64-5
Affected Quantity	174 pcs.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	4.3% 43,369.89 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2
Problem Description	BURSTING	Delivery Receipt Number	N/A

## II. Visual Reference (Defect Illustration)

GOOD	NO GOOD
NO BURSTING	

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

Related Doc. Info.	Control Number	Requirement:	NO BURSTING
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-001	Actual:	W/ BURSTING
<input checked="" type="checkbox"/> Technical Drawing :	CBM-0788-01AC2		
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010	Conclusion or Recommendation:	REJECT
<input checked="" type="checkbox"/> Job Order :	JO-F-25-64-5		
<input checked="" type="checkbox"/> Reports :	AR2025-01-115		
<input checked="" type="checkbox"/> Defect Limit :	CBMP DEFECT LIMIT		<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable

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

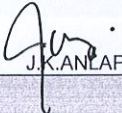
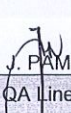
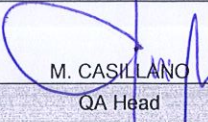
<input type="checkbox"/> Good	<input type="checkbox"/> Conditional (Please indicate details)	<input checked="" type="checkbox"/> Rejected	<input type="checkbox"/> Conditional (Please indicate details)		
<input type="checkbox"/> Rejected		<input type="checkbox"/> Backload	If item is for sorting, for backload, or for rework, fill-out below,		
<input type="checkbox"/> Backload		<input type="checkbox"/> Good	Person In Charge	Target Date	Signature
		<input type="checkbox"/> For Sorting			
		<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
 J.K. ANLAP	 J. PAMPLONA QA Line Leader		 M. CASILLANO QA Head	
		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	



Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099
1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	

## 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				

Reason	Total Quantity	Remarks	Received by

## 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		

QA-003-F13 REV.08 Page 2 of 2





Kanepackage Philippine Inc.

MEMO: - None -

PR-001-F12-REV.00

## JOB ORDER

Tiquis, Jelica Reney  
SO #: TO-F-25-64

Customer: CANON BUSINESS MACHINE PHILS.

ITEM CODE: 3CB-0059-000

Netsuite Itemcode: 3CB-0059-000-RMFG

Item Description: PARTITION

JOB ORDER:



JO-F-25-64-5

QTY: 4000	DELIVERY DATE: 2025-01-27	CREATED BY: Pallermo, Arlene Gonzales	DATE RELEASED: 2025-01-20
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Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
1200X1365 CF TX200	1000	3	1100X1102MM CF 1003	1003	1999191	PS

Tooling Reference # EG-30 Control/Batch #: RM Issued By: any 1/28

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN	REJECTED QTY		REMARKS
		Operator	ME/QA			INHOUSE	SUPPLIER	
1. SLITTER BIG	1/28	D.V		1003	1 G R			
2. SLITTER SMALL	N/A				G R			
3. DIECUT S1700-2	1/29	AN		1003	1 G R			
4. DETACHING 1	1/30	AN		4012	G R			
5. LOT NUMBERING	01/31		danina	4838 1504100	G R			
6. SCREENING	01/31		Jane / legic	3,838	G R	174		
7.					G R			
8.								
9.								
10.								

## REJECTION HISTORY

Customer Claim:

Notes:

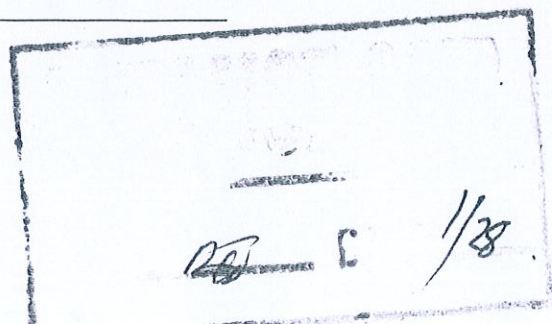
PRODUCTION QTY  
BY: NENE VILLANUEVA  
Job Controller  
DATE: 1/30-1/31

KANEPACKAGE PHILIPPINE, INC. REV.00

CUSTOMER: CANON BUSINESS MACHINE PHILS. INC.  
ITEM CODE: 3CB-0059-000  
ITEM DESCRIPTION: PARTITION  
ITEM SIZE: :  
LOT NUMBER: 250131-JO-F-25-64-5  
QUANTITY: 25 pcs.  
RoHS OK  
GIA-CG369  
MP QA PASSED

REMARKS

PROD PLAN: ADD #0 PLAN 2025-027











KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT  
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-01-002431

## I. Item Information

Customer	CANON BUSINESS MACHINE PHILS.	Inspection Date	25/9/21	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	250127	
Item Code	3CB-0059-000	Job Order No.	JO-F-25-64-5	
Item Description	PARTITION	Job Order Qty.	4,000	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	00	Delivery Receipt No.	199991	
External Provider	PN	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing	
			<input type="checkbox"/> SD1800	

## II. Dimensional Inspection

Time Conducted Sample #1: P:30						Time Conducted Sample #2: 10:45						Time Conducted Sample #3: 11:00					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	325		324	326	325	16						17					
2	298		299	298	298	18						19					
3	202		203	202	204	20						21					
4	531		530	531	532	22						23					
5	183		184	185	183	24						25					
6						26						27					
7						28						29					
8						30											
9																	
10																	
11																	
12																	
13																	
14																	
15																	

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

Control Number of Measuring Tool Used: 25-22277-010

## 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	N			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)	174		174	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	N			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:							





KANE PACKAGE 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)	N/A	N/A		Corrugated	TXMW	/	
				Flute	CFWMT	/	
STITCHED (Inside or Outside)	N/A	N/A		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	Scan 2	<input type="checkbox"/> Good <input type="checkbox"/> No Good
N/A	N/A			N	/A	<input type="checkbox"/> Good <input type="checkbox"/> No Good
						<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	4012	Defect Rate Formula: Total Quantity NG Total Qty. Inspected x100	Total Sampling Qty Inspected	N
Total Qty Good	3838		Total Sampling Qty Good	/
Total Qty NG	174		Total Sampling Qty NG	A
Defect Rate in %	4.34%	PPM Formula: Total Quantity NG Total Qty. Inspected x1,000,000	Defect Rate in %	
in PPM	43,360 ppm		in PPM	

## VIII. Disposition

## IX. Remarks

- ☒ Good ☐ For Special Acceptance  
☐ Backload ☐ Conditional (Please indicate details)  
☐ For Sorting  
☐ For Rework

Abnormality Report Control No.: AR0025-01-115

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
Jesrel Kyle Ambap QA Screening Inspector	[Signature] QA Line Leader	QA Supervisor / QA Asst. Supervisor	[Signature] QA Head

## X. Reject &amp; Reworks Item Verification

Defect	Verification Quantity		Remarks:	Verified by (Signature over Printed Name)
	Good	No-Good		
Total				QA Inspector

## XI. Overall Inspection Time

## CORRUGATED AND MOULDED ITEMS

Date	No. of Manpower	Qty	Time Start	Time End	Downtime	Total hrs.	Cause of Downtime
			N	/			
				A			