


 KANEPACKAGE PHILIPPINE INC.	<h1>ABNORMALITY REPORT</h1>	Control No.
		AR2025-01-111

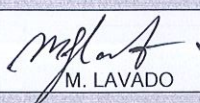
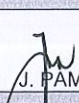
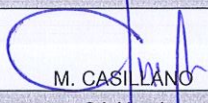
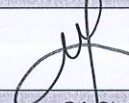
I. Item Information			
Item Code	RX1-5755-000	Customer	CBMP
Item Description	Z10 CARTON	Delivery Date	250127
Inspection Date	250130	Inspection Time	1600H
Lot Quantity	646 pcs.	Job Order Number	JO-F-25-75-5
Affected Quantity	22 pcs.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	3.4% 34,055.72 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 3
Problem Description	POOR PRINT	Delivery Receipt Number	N/A

II. Visual Reference (Defect Illustration)	
<div>GOOD</div> <div>NO POOR PRINT</div>	<div>NO GOOD</div> 

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-001 CBM-0468-01AB-03 WI-QA-001-010 JO-F-25-75-5 AR2025-01-111 CBMP DEFECT LIMIT	Requirement: NO POOR PRINT Actual: W/ POOR PRINT Conclusion or Recommendation: REJECT	<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"/> Rejected <input type="checkbox"/> Backload	<input type="checkbox"/> Conditional (Please indicate details) 	<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Backload <input type="checkbox"/> Good <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework	<input type="checkbox"/> Conditional (Please indicate details) If item is for sorting, for backload, or for rework, fill-out below, <table border="1"> <tr> <th>Person In Charge</th> <th>Target Date</th> <th>Signature</th> </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
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Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
 M. LAVADO	 J. PAMPLONA QA Line Leader		 M. CASILLANO QA Head	 QA Staff
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 _____

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.

PR-001-F12-REV.00

MEMO: - None -

JOB ORDER

Tiquis, Jelica Reney
SO #: TO-F-25-75

Customer : CANON BUSINESS MACHINE PHILS.

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

NetSuite Itemcode: RX1-5755-000-RMFG

JOB ORDER:

JO-F-25-75-5



Item Description : Z10 CARTON

QTY:

650

DELIVERY DATE:

2025-01-27

CREATED BY:

Tulza, Jacille Maduro

DATE RELEASED:

2025-01-21

Raw Material Code:

Qty To
Be Used:Over
Run:Cut
Size:Actual
Issued:

DR#:

SUPPLIER:

500X1512 CBF NPK210

650

20

N/A

670

0200223 PW

F1-23

Tooling Reference #

F-26-22

Control/Batch #:

RM Issued By:

JRE 1/29

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN	REJECTED QTY		REMARKS
		Operator	ME/QA			INHOUSE	SUPPLIER	
1. EQOS	1/29	WED	ZRP 1/29	468	3 G R			S-1740 E 1740
2. DIECUT S1700	1/30	WJS	JPH 1/30	463	5 G R			
3. GLUING CONVEYOR 2	1/30	LJ		446	2017 G R			
4. LOT NUMBERING	01-30		Buen	300	G R			
5. SCREENING	01-30		J. Luma	600	G R	46		
6.					G R			
7.					G R			
8.								
9.								
10.								

QA INPUT : DATE 01-30
TIME 5:33 QTY 646QA OUTPUT DATE 01-30
TIME 5:33 QTY 600QA REJECT DATE 01-30
TIME 5:33 QTY 46

REJECTION HISTORY

Customer Claim: IPRN: (20017) Mixing 46" 2 pcs. No / 300 pcs.

Notes:

KANEPACKAGE PHILIPPINE, INC. REV00

CUSTOMER : CANON BUSINESS MACHINE PHILS. INC

ITEM CODE : RX1-5755-000

ITEM DESCRIPTION : Z10 CARTON

ITEM SIZE :

LOT NUMBER :

QUANTITY : 300 pcs.

RoHS OK

QA-KP684
QA PASSED

REMARKS

PROD PLAN: ADD #2 PLAN 2025-027

BY: ARLENE PALERMO
DATE: 1/30
JOB COST CENTER
NETSUITEPRODUCTION OUT
DATE: 1/29



KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-01-002374

I. Item Information

Customer	CANON BUSINESS MACHINE PHILS.	Inspection Date	250130	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	250127	
Item Code	RX1-5755-000	Job Order No.	JO-F-25-75-5	
Item Description	Z10 CARTON	Job Order Qty.	650	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	03	Delivery Receipt No.	6200223	
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: 4:00			Time Conducted Sample #2: 5:00			Time Conducted Sample #3: 5:30					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	483	2+5 1-2	483	483	483	16					
2	220		220	220	220	17					
3	224		224	224	224	18					
4	24	2+5 1-	24	24	24	19					
5	34		34	34	34	20					
6	196		196	196	196	21					
7	68	1-	68	68	68	22					
8	49		49	49	49	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: 74-23052 220

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	1		1	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	N			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	22		22	Warp / Deform	N/A	N/A	N/A
Linemark				Crack	N/A	N/A	N/A
Fish-eye	N			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: miss gluing	14		14	Wet / Moist	N/A	N/A	N/A
Worn-out				Dirt	N/A	N/A	N/A
Dent	1		1	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:	1		1				
Others: Bird stain	5		5				
Scratches	1		1				

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	Acryta	Acryta	✓	
					Flute	CBF	CBF	✓	
STITCHED (Inside or Outside)	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		<input type="checkbox"/> Good	<input type="checkbox"/> No Good
N				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	646	Defect Rate Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$	Total Sampling Qty Inspected		
Total Qty Good	600		Total Sampling Qty Good		
Total Qty NG	46		Total Sampling Qty NG		
Defect Rate in %	7.12%	PPM Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$	Defect Rate in %		
in PPM	71,207.4 ppm		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.: <u>PA2025-01-11</u>	

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

X. Reject & Reworks Item Verification			
Defect	Verification Quantity		Remarks:
	Good	No-Good	
Total			

Verified by (Signature over Printed Name)

R&R Staff

Received by (Signature over Printed Name)

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						