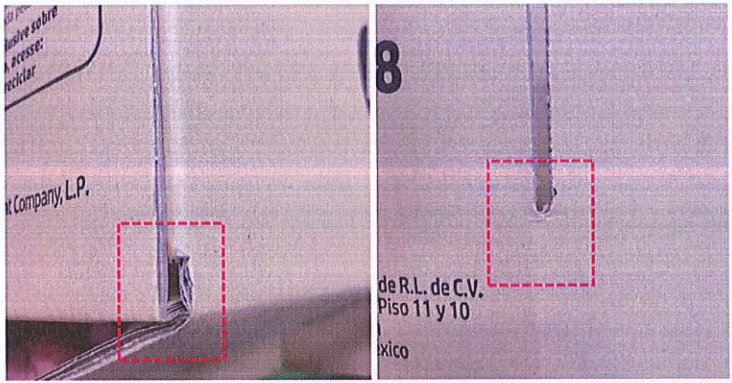
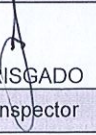
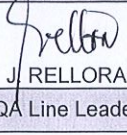
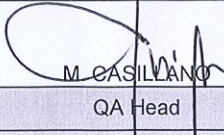

 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No.	
				AR2025-03-006	
I. Item Information					
Item Code	RJ1-1228-00A	Customer	CBMP		
Item Description	FIXING ASSY BOX	Delivery Date	250226		
Inspection Date	250302	Inspection Time	7:00 am		
Lot Quantity	1,587 pcs.	Job Order Number	JO-F-25-240-10		
Affected Quantity	37 pcs.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	2.3%      23,314 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 3		
Problem Description	POOR SLOT	Delivery Receipt Number	N/A		
II. Visual Reference (Defect Illustration)					
GOOD		NO GOOD			
NO POOR SLOT					
III. Documented Information Review (To be filled out by QA Line leader)					
Related Doc. Info.	Control Number	Requirement: NO POOR SLOT			
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual: WITH POOR SLOT			
<input checked="" type="checkbox"/> Technical Drawing :	CBM-0552-01AB				
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010	Conclusion or Recommendation: REJECT <div style="float: right; text-align: right;"> <input checked="" type="checkbox"/> Applicable  <input type="checkbox"/> Not Applicable         </div>			
<input checked="" type="checkbox"/> Job Order :	JO-F-25-240-10				
<input checked="" type="checkbox"/> Reports :	AR2025-03-006				
<input checked="" type="checkbox"/> Defect Limit :	CBMP DEFECT LIMIT				
IV. Initial Disposition (To be filled out by ME Department If Needed)    V. Final Disposition					
<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
		<input type="checkbox"/> For Sorting			Signature
		<input type="checkbox"/> For Rework			
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		Received By
					
L. ARISGADO	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		Final Disposition
		<input type="checkbox"/> <80% No Need			<input type="checkbox"/> Backload
		<input type="checkbox"/> >80% Need			<input type="checkbox"/> Accept
		Top Management			<input type="checkbox"/> Other _____

Note: All details must be filled out completely.

Submit this form to Line Leader immediately after accomplishment.



# 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.

JOB OR R

Talat  
SO # :

Customer : CANON BUSINESS MACHINE PHILS.

ITEM CODE: **RJ1-1228-00A-RMFG**

Netsuite Itemcode : RJ1-1228-00A-RMFG

JOB OR

JO-F-25-2

10

Item Description : FIXING ASSY BOX

QTY:

1700

DELIVERY DATE:

2025-02-26

CREATED BY:

JECAL BALINGBING BUCE

DATE RELEASED:

2025-02-20

Raw Material Code:

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

DR#:

SUPPLIER:

406X1220 CBF TX200-C

1700

20

N/A

497

353949 SP

Tooling Reference #

C-93

Control/Batch #:

RM Issued By:

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN	REJECTED QTY		REMARKS
		Operator	ME/QA			INHOUSE	SUPPLIER	
1. EQOS	2/28	CJED	7/28	1675	3 2 G R			S-CB30 E 0129
2. GLUING CONVEYOR 2	3/01	AS		407 1186 309 1600	98 G R			
3. LOT NUMBERING	3/2		W		G R			
4. SCREENING	3/02		W	1509	G R	7	1	
5.					G R			
6.					G R			
7.					G R			
8.								
9.								
10.								

QA INPUT DATE  
TIME 01:01 QTYQA OUTPUT DATE  
TIME 01:01 QTYWIP REJECT DATE  
TIME 01:01 QTY

Customer Claim:

Notes:

REJECTION HISTORY

KANEPACKAGE PHILIPPINE, INC. REV00

CUSTOMER : CANON BUSINESS MACHINE PHILS. INC.

ITEM CODE : RJ1-1228-00A

ITEM DESCRIPTION : FIXING ASSY

ITEM SIZE :

LOT NUMBER

250302-JO-F-25-240-10

QUANTITY : 400 pcs.

EHS OK

MP

CA CG791

CA PASSED

REMARKS

PROD PLAN: ADD #1 PLAN 2025-057

ENCODER

DATE &amp; TIME

ENCODER'S SIGNATURE

WHOUSE OUT

NAME: PEN

DATE: 2/28







# SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.  
**SQB-03-000102**

## I. Item Information

Customer	CANON BUSINESS MACHINE PHILS.	Inspection Date	150302	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	250226	
Item Code	RJ1-1228-00A-RMFG	Job Order No.	JO-F-25-240-10	
Item Description	FIXING ASSY BOX	Job Order Qty.	1,700	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	00	Delivery Receipt No.	353044	
External Provider	SP	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input type="checkbox"/> SD1800	

## II. Dimensional Inspection

Time Conducted Sample #1: 06:30				Time Conducted Sample #2: 07:40			Time Conducted Sample #3: 08:20				
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	383	+ - J	384	383	383	16					
2	183		184	184	183	17					
3	143		143	142	143	18					
4	33	+ - J	33	33	33	19					
5	16		16	16	16	20					
6	68		68	68	68	21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Measuring ☒ Meter Tape ☐ Moisture Content Tester ☐ Zahn Cup ☐ Stopwatch  
 Tool Used: ☐ Thickness Gauge ☐ Weighing Scale ☐ Steel Ruler ☐ Caliper  
 Control Number of Measuring Tool Used: 25-DIM-001

## 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 (HEAVY)	7		7	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: SPOT (WLP)	5		5	Warp / Deform	N/A	N/A	N/A
Linemark	N	1	1	Crack	N/A	N/A	N/A
Fish-eye				Broken	N/A	N/A	N/A
Stain: PWD, DYE, GLUE STAIN	27	1	28	Scratches	N/A	N/A	N/A
Excess Glue	2		2	Foreign Materials	N/A	N/A	N/A
Gluing Defect: MIS ALIGN GLUE	10		10	Wet / Moist	N/A	N/A	N/A
Worn-out	N	1	1	Dirt	N/A	N/A	N/A
Dent	1		1	Stain:	N/A	N/A	N/A
Punctured	N	1	1	Discoloration	N/A	N/A	N/A
Tear-off				Excess Flashes	N/A	N/A	N/A
Peel-off	3		3	Others:	N/A	N/A	N/A
Damages:	N	1	1				
Others: PWD 1/415	1		1				
MIS ALIGN GLUE	2		2				
PDP	37		37				



<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	N/A	N/A	/	
STITCHED (Inside or Outside)	N	1	A		Flute	CAF	CAF	/	
					Others				
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		1	A		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		1587	<b>Defect Rate Formula:</b> $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$  <b>PPM Formula:</b> $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$		Total Sampling Qty Inspected				
Total Qty Good		1504			Total Sampling Qty Good				
Total Qty NG		83			Total Sampling Qty NG				
Defect Rate	in % in PPM	5.17% 5170 PPM			Defect Rate	in % 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					3A 1CS 100% SLOT - 6-9mm				
Abnormality Report Control No.: AR2025-03-001									
Inspected by		Checked by		Approved by (If there are major concerns)		Verified by (If there are major concerns)			
L. AMESAM		J. SELLON				O. NICHOLSON			
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							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		
250302	1	1587	06:30	06:40	10	2HR / 15min	BREAK TIME		