

KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No.	
				AR2025-03-128	
I. Item Information					
Item Code	D037FX001	Customer	BIPH		
Item Description	CARTON MFC-J4350DW EU-C	Delivery Date	250318		
Inspection Date	250323	Inspection Time	9:30 AM		
Lot Quantity	491 PCS	Job Order Number	JO-25-IPD-00383-1A		
Affected Quantity	16 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	3.25% 32,586 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)					
GOOD		NO GOOD			
NO POOR PRINT					
III. Documented Information Review (To be filled out by QA Line leader)					
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 :		BIP-0813-01AB1-05			
<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-25-IPD-00383-1A			
<input checked="" type="checkbox"/> Reports :		AR2025-03-128			
<input checked="" type="checkbox"/> Defect Limit :		BROTHER 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:					JUDGEMENT <small>(If subject is for issuance of IRF / CAR)</small> <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	
 R. RANSUYO	 J. RELLORA		 M. CASILLANO		
QA Inspector	QA Line Leader	ME Head	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	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 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		

package Philippine Inc.

18912

PR-001-F12-REV.00

MEMO: IPD

JOB ORDER

Mary Grace Ubay
SO #: SO-25-IPD-00383

Customer: BROTHER INDUSTRIES (PHILS.), INC.

ITEM CODE: **D037FX001 EQOS WIP.C1**

Netsuite Itemcode: D037FX001 EQOS WIP.C1

JOB ORDER:

JO-25-IPD-00383-1A



Item Description : CARTON MFC-J4350DW EU-C; A

QTY: 1700	DELIVERY DATE: 2025-03-18	CREATED BY: Tuiza, Jecille Maduro	DATE RELEASED: 2025-03-15
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Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
D037FX001 EQOS	1700		N/A	60		
D037FX001 EQOS	1700		N/A	60		INHOUSE
	0					
	0					
	0					
	0					

Tooling Reference # _____ Control/Batch #: _____ RM Issued By: TUL 3/18

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. GLUING CONVEYOR 3			Karl H 3/18	479					
2. SCREENING	03/18 1/20		J. CASERA	96			109		
3. TRANSFER TO BOX STICKER	3/20	JHO	Lu	96			12		
4.									
5. Screening	3/13		KC	440			51		
6.									
7.									
8.									
9.									

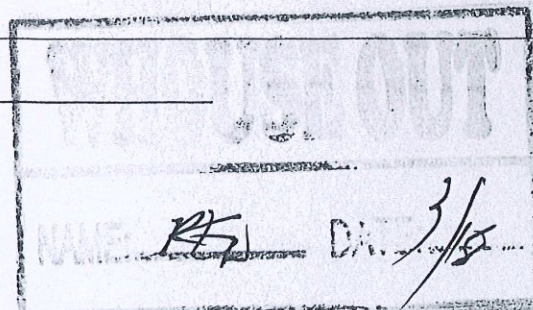
REJECTION/ ABNORMALITY HISTORY

Customer Claim:

Notes:

REMARKS

PROD PLAN: ADD #10 PLAN 2025-077



KANEPACKAGE PHILIPPINE INC.		SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)		Control No. SQA-03-001892	
		I. Item Information			
Customer	BROTHER INDUSTRIES (PHILS.), INC.		Inspection Date	250323 Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night	
Location	Laguna		Delivery Date	250318	
Item Code	D037FX001 EQOS WIP.C1		Job Order No.	JO-25-IPD-00383-1A	
Item Description	CARTON MFC-J4350DW EU-C; A		Job Order Qty.	1,700	
Model	N/A		Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	05		Delivery Receipt No.	52663	
External Provider	HPC		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: 0600			Time Conducted Sample #2: 1000		Time Conducted Sample #3: 1200
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	19.8	±5	19.8	19.9	19.9
2	24.3		24.1	24.2	24.4
3	40.6		40.6	40.7	40.6
4	18.1		18	18	19
5	35		34	35	34
6	44		44	42	44
7					
8					
9					
10					
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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: 24-21073-107		
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	
Scoring		1		1	
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		1		1	
Print Color: <u>4th Run Print</u>		11		11	
Missing Print/ Character					
Blotted Print					
Smeared Print					
Other Print Defect: <u>Poor Print</u>		14		14	
Linemark					
Fish-eye					
Stain: _____					
Excess Glue		4		4	
Gluing Defect: <u>misaligned</u>		2		2	
Worn-out					
Dent		3		3	
Punctured					
Tear-off					
Peel-off		3		3	
Damages: _____					
Others: <u>OFF SHADE</u>		17		17	
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	

[illegible]