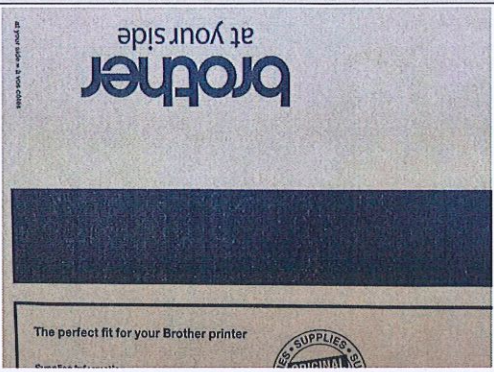
 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No.	
				AR2025-03-135	

I. Item Information					
Item Code	D037FX001	Customer	BROTHER		
Item Description	CARTON MFC-J4350DW EU-C	Delivery Date	250322		
Inspection Date	250324	Inspection Time	2:00 AM		
Lot Quantity	1,700 pcs.	Job Order Number	JO-25-IPD-00394-1A		
Affected Quantity	69 pcs.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	4.05 %      40,588 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)	
NO POOR PRINT	<div style="background-color: #f2f2f2; padding: 5px; border: 1px solid #ccc;">  </div>

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				
<input checked="" type="checkbox"/> Job Order :	JO-25-IPD-00394-1A	Conclusion or Recommendation:	REJECT <div style="float: right;"> <input checked="" type="checkbox"/> Applicable  <input type="checkbox"/> Not Applicable         </div>		
<input checked="" type="checkbox"/> Reports :	AR2025-03-135				
<input checked="" type="checkbox"/> Defect Limit :	BIPH DEFECT LIMIT				

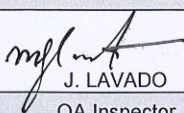
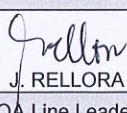
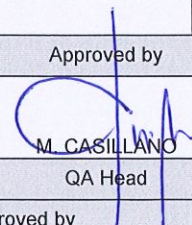
  

IV. Initial Disposition (To be filled out by ME Department If Needed)														
<input type="checkbox"/> Good <input type="checkbox"/> Rejected <input type="checkbox"/> Backload	<input type="checkbox"/> Conditional (Please indicate details)   	<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> 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" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 33%;">Person In Charge</th> <th style="width: 33%;">Target Date</th> <th style="width: 33%;">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:	<b>JUDGEMENT</b> <small>(If subject is for issuance of IRF / CAR)</small> <input type="checkbox"/> FOR 5 WHY ISSUANCE <input type="checkbox"/> FOR CAR ISSUANCE <input type="checkbox"/> FOR IRF ISSUANCE
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Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
 J. LAVADO QA Inspector	 J. RELLORA QA Line Leader	ME Head	 M. CASILLANO 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 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.

MEMO: IPD

PR-001-F12-REV.00

## JOB ORDER

Mary Grace Ubay  
SO #: SO-25-IPD-00394

Customer : BROTHER INDUSTRIES (PHILS.), INC.

JOB ORDER:



ITEM CODE: D037FX001 EQOS WIP.C1

JO-25-IPD-00394-1A

Netsuite Itemcode: D037FX001 EQOS WIP.C1

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

QTY: 1700

DELIVERY DATE:  
2025-03-22CREATED BY:  
Tuiza, Jecille MaduroDATE RELEASED:  
2025-03-19

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
D037FX001 EQOS	1700		- None -	990 370		11 HOUR
D037FX001 EQOS	1700		- None -	990 370		
	0					
	0					
	0					
	0					

Tooling Reference #

Control/Batch #:

RM Issued By: any B 16

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. GLUING CONVEYOR 3	3/24	LJ		239	G	R			
2. SCREENING	03-24		J. MADURO	110	G	R	118	11	
3. TRANSFER TO BOX STICKER					G	R			
4.					G	R			
5.					G	R			
6.					G	R			
7.									
8.									
9.									

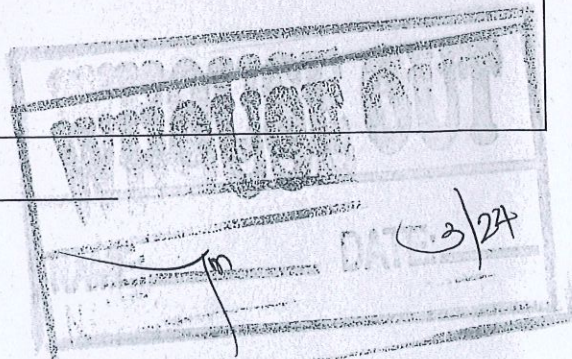
## REJECTION/ ABNORMALITY HISTORY

Customer Claim:

Notes:

REMARKS

PROD PLAN: ADD #8 PLAN 2025-081











KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT  
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-03-002490

## I. Item Information

Customer	BROTHER INDUSTRIES (PHILS.), INC.	Inspection Date	250324	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date	250322	
Item Code	D037FX001 EQOS WIP.C1	Job Order No.	JO-25-IPD-00394-1A	
Item Description	CARTON MFC-J4350 DW 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.		
External Provider		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	498	2 +5 -5	498	498	498	16					
2	243		243	243	243	17					
3	446		446	446	446	18					
4	22	2 +5 -5	22	22	22	19					
5	44		44	44	44	20					
6	196		196	196	196	21					
7	19		19	19	19	22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

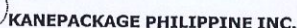
Measuring Tool Used: ☒ Meter Tape ☐ Thickness Gauge ☐ Moisture Content Tester ☐ Weighing Scale ☐ Zahn Cup ☐ Steel Ruler ☐ Stopwatch ☐ Caliper Control Number of Measuring Tool Used: 24-23052-220

## 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		5	5	Condition of Wood	N/A	N/A	N/A
Grain Direction				Rusty Nail	N/A	N/A	N/A
Paper Shade (Off Color)	21		21	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		2	2	C. CORRUGATED PALLET	In-house	External Provider	Total Quantity
Uneven Kraft liner				Color of Carton (Discoloration)	N/A	N/A	N/A
Warping				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	N			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	69		69	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: _____	3		3	Scratches	N/A	N/A	N/A
Excess Glue				Foreign Materials	N/A	N/A	N/A
Gluing Defect: Miss align glue	2		2	Wet / Moist	N/A	N/A	N/A
Worn-out				Dirt	N/A	N/A	N/A
Dent	5	4	9	Stain: _____	N/A	N/A	N/A
Punctured	2		2	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: scratches	2		2				

Sum  
811 items10  
310  
3



[illegible]