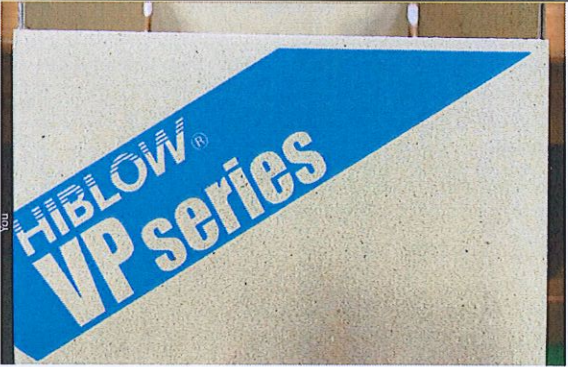


KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No. AR2025-03-162	
I. Item Information					
Item Code	DB04020110-00	Customer	HIBLOW		
Item Description	INDIVIDUAL BOX	Delivery Date	250325		
Inspection Date	250330	Inspection Time	2000H		
Lot Quantity	489 pcs.	Job Order Number	JO25-M-00996-9		
Affected Quantity	13 pcs.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	2.65% 26,584.86 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2		
Problem Description	MISALIGN PRINT	Delivery Receipt Number	N/A		
II. Visual Reference (Defect Illustration)					
GOOD			NO GOOD		
NO MISALIGN PRINT					
III. Related Doc. Info.					
<input checked="" type="checkbox"/> Procedure Manual :	Control Number	Requirement:	NO MISALIGN PRINT		
<input checked="" type="checkbox"/> Technical Drawing :	PM-QA-018	Actual:	W/ MISALIGN PRINT		
<input checked="" type="checkbox"/> Work Instruction :	HPI-0156-01AB2-06				
<input checked="" type="checkbox"/> Job Order :	WI-QA-001-010				
<input checked="" type="checkbox"/> Reports :	JO25-M-00996-9	Conclusion or Recommendation:	REJECT <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable		
<input checked="" type="checkbox"/> Defect Limit :	AR2025-03-162				
	KPPI 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	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) <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. MAGSINO	J. PAMPLONA		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	Top Management	<input type="checkbox"/> Backload	
		<input type="checkbox"/> >80% Need		<input type="checkbox"/> Accept	
				<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				

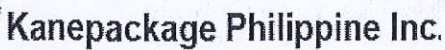
X. Reworking Instructions

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		



PR-007-F12-REV.00

MEMO: - None -

Mark Jefferson II Jorvina Pacia
SO # : SO25-M-00996

JOB ORDER

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
475X820 BF TX200	700	20	N/A	720	6603	gib

Tooling Reference # E-44-77 Control/Batch #: RM Issued By: am 2/23

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		INHUSE	SUPPLIER			
1. EQOS	03/24	JADDS M	ZAB/24	720	I G R				E-0107 E-0903
2. DIECUT S1700	01/24	Tm	M. P. P. P. P.	719	I / G R				
3. DETACHING 1	7/16	R		719	G R				
4. GLUING CONVEYOR 1	3/20	ASMCE D		490	G R				
5. LOT NUMBERING	3/30		Diane	480	G R				
6. SCREENING	01/30		Rd/cfpm	468	G R		21		
7.									
8.									
9.									

REJECTION/ ABNORMALITY HISTORY

Customer Claim: (A). Kailan: 01/11/18, (B). Problema: Overlap Print, (C). Ilan: 343 PCS., (D) Bakit: Hindi pantay na materyales kaya nag kakaroon ng material movement trial run din sa Eterna

Notes: Ang gagamitin ay actual sheet na may sukat na 475mmx720xx sa halip na design sheet; At bago ito mag mass pro, Ang trial run ng EQOS ay ichecheck at it

REMARKS

PROD PLAN: ADD #0 PLAN 2025-084

40 490-2A- Jnl 8/20

HIBLOW PHILIPPINES INC.	
<u>Item Code</u> DB04020110-00	<u>Quantity</u> 10 pcs.
<u>Item Description</u> VP INDIVIDUAL BOX	<u>Supplier's QC</u> PASSED
<u>Lot No. / Ref. No.</u> 250330-00994-9	<u>INSPECTION</u> Ro.1S OK QA: CG601
MADE IN THE PHILIPPINES	VP



KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-03-003107

I. Item Information

Customer	HIBLOW PHILIPPINES INC	Inspection Date	250830	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	CAVITE	Delivery Date	250325	
Item Code	DB04020110-00	Job Order No.	JO25-M-00996-9	
Item Description	INDIVIDUAL BOX	Job Order Qty.	700	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	06	Delivery Receipt No.	66003	
External Provider	818	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing	
			<input type="checkbox"/> SD1800	

II. Dimensional Inspection

Time Conducted Sample #1: 0820			Time Conducted Sample #2: 0840			Time Conducted Sample #3: 9:00					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	169	J+3	169	169	169	16'					
2	152		152	152	152	17					
3	140		140	140	140	18					
4						19					
5						20					
6						21					
7						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: 24-2020-041

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	1		1	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: _____	4	10		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: _____				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: Poor print	7		7				
Others: Misalignment	13		13				

SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Joint Flap			Judgement		Type of Material			
Requirement		Actual	Good	No Good	Requirement		Actual	Judgement
								Good No Good
GLUED (Inside or Outside)	Inside		—		Corrugated	UPRC	UPRC	—
					Flute	MF	MF	—
STITCHED (Inside or Outside)	u A				Others			

IV. Destructive Test (Based on Customer Requirement)

Requirement	Actual	Good	No Good
μ	μ		

V. Barcode Print (If Only with Printed Barcode on Item)

Scan 1	4/6	<input type="checkbox"/> Good	<input type="checkbox"/> No Good
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

Total Qty Inspected	480	Defect Rate Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$
Total Qty Good	468	
Total Qty NG	21	
Defect Rate in % in PPM	4.29% - 429 PPM	PPM Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$

VII. Sampling Inspection Result

Total Sampling Qty Inspected	
Total Sampling Qty Good	
Total Sampling Qty NG	4/6
Defect Rate	
in %	
in PPM	



VIII. Disposition

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

Abnormality Report Control No.: 000005 00-11-00

IX. Remarks

IX. Remarks

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
R. Morgan			
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		
				R&R Staff
				Received by (Signature over Printed Name)
Total				QA Inspector

XI. Overall Inspection Time

CORRUGATED AND MOULDED ITEMS

[illegible]