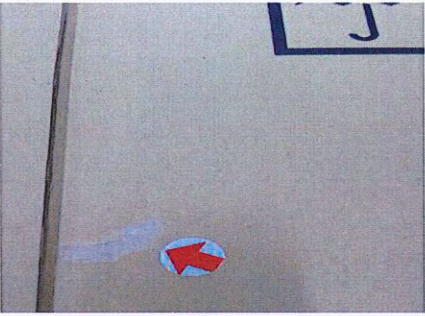
 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No.	
				AR2025-03-161	



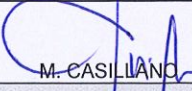
I. Item Information					
Item Code	00958254-01	Customer	SANYO DENKI		
Item Description	BOX PRINT SPECIFICATION	Delivery Date	250331		
Inspection Date	250330	Inspection Time	1PM		
Lot Quantity	400 PCS	Job Order Number	JO25-M-01043-51		
Affected Quantity	10 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	2.50% 25,000 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 3		
Problem Description	PEEL TEAR OFF	Delivery Receipt Number	N/A		

II. Visual Reference (Defect Illustration)	
GOOD <div style="font-size: 1.5em; color: blue;">PEEL OFF</div> <div style="font-size: 1.5em; color: blue;">NO TEAR OFF</div> <div style="font-size: 2em; color: blue;">Jw</div>	NO GOOD 

Related Doc. Info.	Control Number	Requirement:	TEAR OFF NOT ACCEPTABLE	
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	WITH TEAR OFF UP TO 20MM	
<input checked="" type="checkbox"/> Technical Drawing :	SDP-0893-01			
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010			
<input checked="" type="checkbox"/> Job Order :	JO25-M-01043-51	Conclusion or Recommendation:	REJECT	
<input checked="" type="checkbox"/> Reports :	AR2025-03-161			
<input checked="" type="checkbox"/> Defect Limit :	SDP DEFECT LIMIT			
			<input checked="" 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"/> 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 <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	
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Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
 M. MAGAYANES	 A. FILIPINAS		 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	<div style="font-size: 1.5em; color: blue;">Top Management</div>	<input type="checkbox"/> Backload
	<input type="checkbox"/> >80% Need		<input type="checkbox"/> Accept
			<input type="checkbox"/> Other _____



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.

DOUBLE PRODUCE FROM AUTO SUPPLY
Running - 03-160 misalign glue
Amount - 03-161 fear off 3094

PR-001-F12-REV.00

MEMO: SERVO INDIRECT

Santiago, Jhanine

SO # : SO25-M-01043 REV03

JOB ORDER

Customer : SANYO DENKI PHILS INC

ITEM CODE: 00958254-01

Netsuite Itemcode : 00958254-01

JOB ORDER:

JO25-M-01043-51



Item Description : Box Print Specification

QTY: 400

DELIVERY DATE:

2025-03-28

CREATED BY:

Mendonez, Jhee Ann Manalo

DATE RELEASED:

2025-03-21

Raw Material Code:

Qty To
Be Used:

Over
Run:

Cut
Size:

Actual
Issued:

DR#:

SUPPLIER:

1475X2000 CBF NPK180

200

10

1214X932 CBF 420

210

202509

PW

Tooling Reference #

35-18
A-40-1

Control/Batch #:

RM Issued By:

Elmer 8/25

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. SLITTER SMALL	3/25	ROVEL PAJE		420	1				
2. EQOS	3/25	PHIV	3/25	420	G	R			S-214 E-214
3. DIECUT S1700-2	3/26	JN	3/26	420	G	R			S-2143 E-2145
4. DETACHING 1	3/26	NS/linn		8240	G	R			
5. GLUING MANUAL	3/29	myan 3/29	3/29	414	G	R			S-2119 E-2122
6. LOT NUMBERING	03/30		Thena	198	G	R			
7. SCREENING	03/30		myan	200 178			98		
8.									
9.									

ng timing of cyrel to the boards since the input of the operator to the machine is wrong

REJECTION/ ABNORMALITY HIST

Customer Claim: (A). Occurrence Date: 11/7/2019. (B). Problem: MISALIGN PRINT. (C). NG Quantity: 100 PCS. (D) Root Cause

Notes: 1. Put Suteban marking on the trimmings of the item 2. Printing Operator should monitor the movement of the print

REMARKS

PROD PLAN: ADD #0 PLAN 2025-087

SANYO DENKI PHILIPPINES INC.

Item Code

00958254-01

Quantity

5 pcs.

Item Description

BOX PRINT SPECIFICATION

Supplier's QC

PASSED

INSPECTION

Ro: IS OK

QA: CG883

MP

Lot No. / Ref. NO.

250330-01043-51

KANEPACKAGE PHILIPPINE INC.



KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-03-003094

I. Item Information

Customer	SANYO DENKI PHILS INC	Inspection Date	250330	Shift:	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	NORTH	Delivery Date	250328		
Item Code	00958254-01	Job Order No.	JO25-M-01043-51		
Item Description	BOX PRINT SPECIFICATION	Job Order Qty.	400		
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling		
Drawing Revision No.	04	Delivery Receipt No.	20287		
External Provider	60	Gluing Process	<input type="checkbox"/> Manual Gluing <input checked="" type="checkbox"/> Semi-Auto Gluing		
			<input type="checkbox"/> SD1800		

II. Dimensional Inspection

Time Conducted Sample #1: 0:15			Time Conducted Sample #2: 7:10			Time Conducted Sample #3: 8:00					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	50	J + S	50	50	50	16					
2	330		330	330	330	17					
3	164		165	164	164	18					
4	160		160	161	160	19					
5	42		42	43	42	20					
6	40		40	40	41	21					
7	60		60	61	60	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:

24-25028-210

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	2		2	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	2		2	Others	N/A	N/A	N/A
Delamination							
Uneven Kraft liner				C. CORRUGATED PALLET	In-house	External Provider	Total Quantity
Warping				Color of Carton (Discoloration)	N/A	N/A	N/A
Cracking on edge				Flute of Material	N/A	N/A	N/A
Bursting / Bursting on Edge (Crowfeet)				Type of Adhesion	N/A	N/A	N/A
Wrong die-cut orientation				Adhesion of Runner	N/A	N/A	N/A
Inverted die-cut				Rusty Wire	N/A	N/A	N/A
Close Gap/ Wide Gap				Wrong Orientation	N/A	N/A	N/A
Print Color : _____				Damages: _____	N/A	N/A	N/A
Missing Print/ Character				Others : _____	N/A	N/A	N/A
Blotted Print							
Smeared Print				D. MOULDED ITEMS	In-house	External Provider	Total Quantity
Other Print Defect : _____				Poor Fusion	N/A	N/A	N/A
Linemark				Chip Off	N/A	N/A	N/A
Fish-eye				Warp / Deform	N/A	N/A	N/A
Stain : <u>Bind stain</u>	3		3	Crack	N/A	N/A	N/A
Excess Glue <u>misalign glue</u>	12		12	Broken	N/A	N/A	N/A
Gluing Defect : _____				Scratches	N/A	N/A	N/A
Worn-out				Foreign Materials	N/A	N/A	N/A
Dent	3		3	Wet / Moist	N/A	N/A	N/A
Punctured	2		2	Dirt	N/A	N/A	N/A
Tear-off	4		4	Stain : _____	N/A	N/A	N/A
Peel-off				Discoloration	N/A	N/A	N/A
Damages : _____				Excess Flashes	N/A	N/A	N/A
Others : _____				Others : _____	N/A	N/A	N/A



Joint Flap			Judgement		Type of Material			Judgement	
Requirement		Actual	Good	No Good	Requirement		Actual	Good	No Good
GLUED (Inside or Outside)	Inside	Inside	✓		Corrugated	17K180	17K180	✓	
					Flute	CB Flute	CB 18K	✓	
STITCHED (Inside or Outside)		N/L			Others		N/L		

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
	X			Scan 2	X	<input type="checkbox"/> Good	<input type="checkbox"/> No Good
				BQICS Compliance (For Epson items only)		<input type="checkbox"/> Good	<input type="checkbox"/> No Good

VII. Sampling Inspection Result

Total Qty Inspected		Defect Rate Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$	Total Sampling Qty Inspected		
Total Qty Good			Total Sampling Qty Good		
Total Qty NG			Total Sampling Qty NG		
Defect Rate	in % in PPM	PPM Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$	Defect Rate	in % in PPM	

IX. Remarks

- ☒ Good ☐ For Special Acceptance
☐ Backload ☐ Conditional (Please indicate details)
☐ For Sorting
☐ For Rework
- Abnormality Report Control No. : 11

Abnormality Report Control No.: ANW15-03-1160/1e1

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
<i>M. Magay</i>	<i>[Signature]</i>		<i>[Signature]</i>
QA Screening Inspector	QA Line Leader	QA Supervisor / QA Asst. Supervisor	QA Head

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

CORRUGATED AND MOULDED ITEMS

QA-018-F01 REV.18 Page 2 of 2