

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.

PR-001-F12-REV.00

MEMO: FOR COMMON USE

Dela Cerna, Jessa Mae
SO # : SO25-M-01145 REV02

JOB ORDER

Customer : EPSON PRECISION PHILS. INC.- ASP/EPLB

ITEM CODE: **511659600**

Netsuite Itemcode : 511659600

JOB ORDER:

JO25-M-01145-1



Item Description : OUTER CARTON BOX

QTY: **550**

DELIVERY DATE:
2025-04-03

CREATED BY:
Tuiza, Jecille Maduro

DATE RELEASED:
2025-03-27

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
703X2412 CF TX200-C	550	15	N/A	505	356335	SP

Tooling Reference # D- 16B

Control/Batch #:

RM Issued By:

can 4/4

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	4/4	MEMO	ZA 29/4	585	3				2011 E 2011
2. GLUING SA 2600	4/5	HN		550	1	15			
3. LOT NUMBERING	4/5		clanica	550	G	R			
4. SCREENING	4/5		JEREMY	534	G	R	14		
5.					G	R			
6.					G	R			
7.									
8.									
9.									

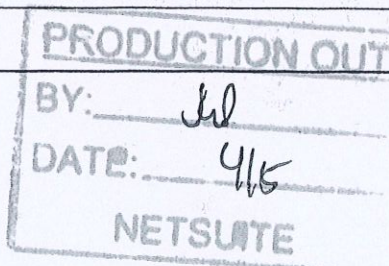
sting starts to occur)

REJECTION/ ABNORMALITY HISTORY

Customer Claim: (A). Occurrence Date: 11/19/2019, (B). Problem: BURSTING, (C). NG Quantity: 28 PCS., (D) Rootcause: The materials used are brittle (During folding burs

Notes: Recondition the materials prior gluing of the item

REMARKS
PROD PLAN: ADD #0 PLAN 2025-093



KANEPACKAGE PHILIPPINE, INC. REV	
ITEM CODE	511659600
ITEM DESCRIPTION	OUTER CARTON BOX
ITEM # ZE	
LOT NUMBER	250405-JO25-M-01145-1
QUANTITY	10 pcs.
F:OHS OK	
G: C30304	
MP CA PASSED	
NAME	DATE 4/5



KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-04-000508

I. Item Information

Customer	EPSON PRECISION PHILS. INC. - ASP/EPLB	Inspection Date	250405	Shift:	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	250403		
Item Code	511659600	Job Order No.	JO25-M-01145-1		
Item Description	OUTER CARTON BOX	Job Order Qty.	550		
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling		
Drawing Revision No.	05	Delivery Receipt No.	350325		
External Provider	SP	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: 10:00						Time Conducted Sample #2: 10:30						Time Conducted Sample #3: 11:00					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3						
1	147	+1-3	148	147	147	16											
2	525		525	525	526	17											
3	161		162	161	161	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:	<input checked="" type="checkbox"/> Meter Tape	<input type="checkbox"/> Moisture Content Tester	<input type="checkbox"/> Zahn Cup	<input type="checkbox"/> Stopwatch	Control Number of Measuring Tool Used:
	<input type="checkbox"/> Thickness Gauge	<input type="checkbox"/> Weighing Scale	<input type="checkbox"/> Steel Ruler	<input type="checkbox"/> Caliper	04-24018-233

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	N			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
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				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: _____	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: _____							
Others:							

T=14

SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Joint Flap		Judgement		Type of Material		Judgement	
Requirement	Actual	Good	No Good	Requirement	Actual	Good	No Good
GLUED (Inside or Outside)				Corrugated	7x200	7x200	
STITCHED (Inside or Outside)	N/A		N/A	Flute	CF	CF	✓
				Others	N/A		N/A
IV. Destructive Test (Based on Customer Requirement)				V. Barcode Print (If Only with Printed Barcode on Item)			
Requirement	Actual	Good	No Good	Scan 1	N/A	<input type="checkbox"/> Good <input type="checkbox"/> No Good	
N/A			N/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	550	Defect Rate Formula:		Total Sampling Qty Inspected			
Total Qty Good	534	Total Quantity NG		Total Sampling Qty Good			
Total Qty NG	16	Total Qty. Inspected x100		Total Sampling Qty NG	N/A		
Defect Rate in %	2.7%	PPM Formula:		Defect Rate in %			
Defect Rate in PPM	2,909.09 ppm	Total Quantity NG		Defect Rate in PPM			
		Total Qty. Inspected x1,000,000					
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							
Abnormality Report Control No.: AK202E-04-029							
Inspected by	Checked by	Approved by (If there are major concerns)		Verified by (If there are major concerns)			
D. PALMA	J. [Signature]			[Signature]			
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					
N/A							
Total				R&R Staff			
				Received by (Signature over Printed Name)			
				QA Inspector			

[illegible]