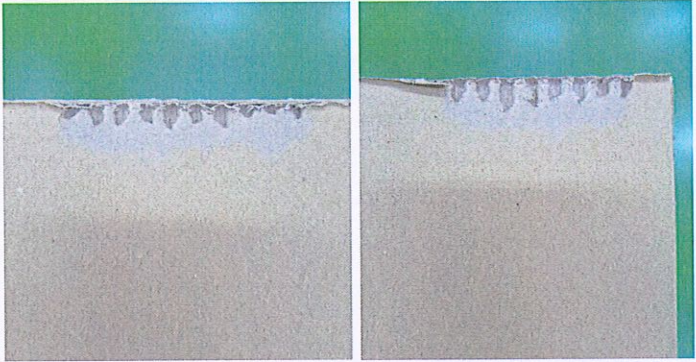
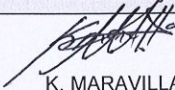
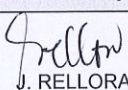
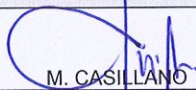
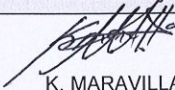
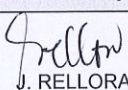
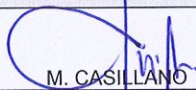
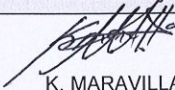
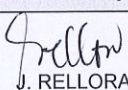
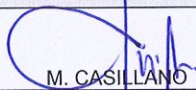
 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No. <b>AR2025-04-043</b>																																																																																																																																	
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Item Code	513238500	Customer	EPSON ASP/EPLB																																																																																																																																		
Item Description	OUTER CARTON BOX	Delivery Date	2504004																																																																																																																																		
Inspection Date	250410	Inspection Time	7:30 PM																																																																																																																																		
Lot Quantity	500 PCS	Job Order Number	JO25-M-01152-34																																																																																																																																		
Affected Quantity	20 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:																																																																																																																																		
Rejection Rate and PPM	4.00%      40,000 PPM	Date Received	N/A																																																																																																																																		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 5																																																																																																																																		
Problem Description	PEEL OFF	Delivery Receipt Number	N/A																																																																																																																																		
<b>II. Visual Reference (Defect Illustration)</b>																																																																																																																																					
GOOD		NO GOOD																																																																																																																																			
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Related Doc. Info.</td> <td style="width: 20%;">Control Number</td> <td style="width: 20%;">Requirement:</td> <td colspan="2" style="width: 40%;">NO PEEL OFF</td> </tr> <tr> <td><input checked="" type="checkbox"/> Procedure Manual :</td> <td>PM-QA-018</td> <td rowspan="2">Actual:</td> <td colspan="2" rowspan="2">WITH PEEL OFF</td> </tr> <tr> <td><input checked="" type="checkbox"/> Technical Drawing :</td> <td>EPL-0829-01AB-02</td> </tr> <tr> <td><input checked="" type="checkbox"/> Work Instruction :</td> <td>WI-QA-001-010</td> <td rowspan="4">Conclusion or Recommendation:</td> <td colspan="2" rowspan="4"> <input checked="" type="checkbox"/> Applicable  <input type="checkbox"/> Not Applicable       </td> </tr> <tr> <td><input checked="" type="checkbox"/> Job Order :</td> <td>JO25-M-01152-34</td> </tr> <tr> <td><input checked="" type="checkbox"/> Reports :</td> <td>AR2025-04-043</td> </tr> <tr> <td><input checked="" type="checkbox"/> Defect Limit :</td> <td>EPSON DEFECT LIMIT</td> </tr> <tr> <td colspan="5"> <b>IV. Initial Disposition (To be filled out by ME Department If Needed)</b> </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Good      <input type="checkbox"/> Conditional (Please indicate details)       </td> <td colspan="4"> <input checked="" type="checkbox"/> Rejected      <input type="checkbox"/> Conditional (Please indicate details)       </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Rejected       </td> <td colspan="4"> <input type="checkbox"/> Backload       </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Backload       </td> <td colspan="4"> <input type="checkbox"/> Good       </td> </tr> <tr> <td colspan="2"></td> <td colspan="4"> <input type="checkbox"/> For Sorting       </td> </tr> <tr> <td colspan="2"></td> <td colspan="4"> <input type="checkbox"/> For Rework       </td> </tr> <tr> <td colspan="2"></td> <td colspan="4">         If item is for sorting, for backload, or for rework, fill-out below,       </td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Person In Charge</td> <td>Target Date</td> <td>Signature</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Remarks:</td> <td colspan="4"> <b>JUDGEMENT</b>          (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       </td> </tr> <tr> <td>Detected by</td> <td>Checked by</td> <td>Initial Approved by (If Needed)</td> <td>Approved by</td> <td colspan="2">Received By</td> </tr> <tr> <td> K. MARAVILLA</td> <td> J. RELLORA</td> <td></td> <td> M. CASILLANO</td> <td colspan="2"></td> </tr> <tr> <td>QA Inspector</td> <td>QA Line Leader</td> <td>ME Head</td> <td>QA Head</td> <td colspan="2">QA Staff</td> </tr> <tr> <td colspan="2" rowspan="4"> <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.       </td> <td colspan="2">Evaluation</td> <td colspan="2">Approved by</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> &lt;80% No Need  <input type="checkbox"/> &gt;80% Need       </td> <td colspan="2" rowspan="2">         Top Management       </td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Final Disposition</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"> <input type="checkbox"/> Backload  <input type="checkbox"/> Accept  <input type="checkbox"/> Other _____       </td> <td></td> </tr> </table>						Related Doc. Info.	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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		





Kanepackage Philippine Inc.

951

MEMO: NLIC

PR-001-F12-REV.00

# JOB ORDER

Darrel Bellen

SO #: SO25-M-01152

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

ITEM CODE: 513238500

Netsuite Itemcode: 513238500

JOB ORDER:

JO25-M-01152-34



Item Description: OUTER CARTON BOX

QTY: 500

DELIVERY DATE:

2025-04-04

CREATED BY:

Tuiza, Jecille Maduro

DATE RELEASED:

2025-03-28

Raw Material Code:

Qty To  
Be Used:

Over  
Run:

Cut  
Size:

Actual  
Issued:

DR#:

SUPPLIER:

939X2509 CF TX200

500

15

763X2380+10 CF

515 515

203055

pu

Tooling Reference # B-39A

Control/Batch #:

RM Issued By: (Signature) 4/7

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. SLITTER BIG	4/8	SA		515					
2. SLITTER SMALL	4/8	ROVEL RYAN		515	1				
3. EQOS	4/10	PVEM	7th 4/10	515	2				515 100% 100%
4. GLUING SA 2600	4/10	AN		500	1	15			
5. LOT NUMBERING	04-10		EXEM	500	G	R			
6. SCREENING	04/10		KE	500	G	R		20	Balance
7.									
8.									
9.									

## REJECTION/ ABNORMALITY HISTORY

Customer Claim:

Notes:

REMARKS

PROD PLAN: ADD #0 PLAN 2025-094

**HOUSE OUT**

KANEPACKAGE PHILIPPINE INC. REV.00

ITEM CODE : 513238500

ITEM DESCRIPTION : OUTER CARTON BOX

ITEM SIZE : 250410-JO25-M-01152-34

LOT NUMBER : 250410-JO25-M-01152-34

QUANTITY : 10 pcs.

PHS OK

12A-KP892

ASP K.A PASSED









KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT  
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-04-000951

## I. Item Information

Customer	EPSON PRECISION PHILS. INC.- ASP/EPLB	Inspection Date	250010	Shift:	<input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date	250404		
Item Code	513238500	Job Order No.	JO25-M-01152-34		
Item Description	OUTER CARTON BOX	Job Order Qty.	500		
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling		
Drawing Revision No.	02	Delivery Receipt No.	20305		
External Provider	AW	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: 1930						Time Conducted Sample #2: 2000						Time Conducted Sample #3: 2030					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	735	± 3	735	735	735	16						16					
2	826		826	826	826	17						17					
3	320		320	320	320	18						18					
4						19						19					
5						20						20					
6						21		x				21					
7						22						22					
8						23						23					
9						24						24					
10						25						25					
11						26						26					
12						27						27					
13						28						28					
14						29						29					
15						30						30					

Measuring Tool Used: ☒ Meter Tape ☐ Moisture Content Tester ☐ Zahn Cup ☐ Stopwatch ☐ Control Number of Measuring Tool Used: 25-22037900  
☐ Thickness Gauge ☐ Weighing Scale ☐ Steel Ruler ☐ Caliper

## 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				Condition of Wood	N/A	N/A	N/A
Grain Direction	N			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 :				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	20		20	Others :	N/A	N/A	N/A
Damages :							
Others :							




## SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Joint Flap		Judgement		Type of Material			
Requirement	Actual	Good	No Good	Requirement	Actual	Good	No Good
GLUED (Inside or Outside)	<i>Weld</i>	<i>Weld</i>	<i>✓</i>	Corrugated	<i>2x20</i>	<i>2x20</i>	<i>✓</i>
				Flute	<i>CF</i>	<i>CF</i>	<i>✓</i>
STITCHED (Inside or Outside)	<i>u</i>	<i>u</i>	<i>✓</i>	Others	<i>u</i>	<i>u</i>	<i>✓</i>

#### IV. Destructive Test (Based on Customer Requirement)

Requirement	Actual	Good	No Good
x	_____	✓	

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

Scan 1		<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	75	Defect Rate Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$
Total Qty Good	55	
Total Qty NG	20	
Defect Rate in %	26.67%	PPM Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$
Defect Rate in PPM	266,667 PPM	

## VII. Sampling Inspection Result

Total Sampling Qty Inspected	
Total Sampling Qty Good	
Total Sampling Qty NG	
Defect Rate in % in PPM	

## VIII. Disposition

<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.: AR2025-01-P43

## IX. Remarks

IX. Remarks	

Inspected by <i>K. Morai</i>	Checked by <i>Pellon</i>	Approved by (If there are major concerns)	Verified by (If there are major concerns)
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]