

	<h1 style="margin:0;">ABNORMALITY REPORT</h1>	Control No.
		AR2025-04-082

I. Item Information			
Item Code	RM-ZRY002C	Customer	LINE SEIKI
Item Description	STANDARD BOX	Delivery Date	250425
Inspection Date	250425	Inspection Time	5PM
Lot Quantity	2,000 PCS	Job Order Number	JO22-R-00069-2
Affected Quantity	50 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 2
Problem Description	SCUM	Delivery Receipt Number	N/A

II. Visual Reference (Defect Illustration)	
<div style="background-color: #e0e0e0; padding: 10px; border: 1px solid #ccc;">GOOD</div> <div style="height: 150px; display: flex; align-items: center; justify-content: center; font-size: 2em; font-weight: bold;">NO SCUM</div>	<div style="background-color: #e0e0e0; padding: 10px; border: 1px solid #ccc;">NO GOOD</div>

6			
Related Doc. Info. <input checked="" type="checkbox"/> Procedure Manual : <input checked="" type="checkbox"/> Technical Drawing : <input checked="" type="checkbox"/> Work Instruction : <input checked="" type="checkbox"/> Job Order : <input checked="" type="checkbox"/> Reports : <input checked="" type="checkbox"/> Defect Limit :	Control Number PM-QA-018 LSP-0005-01 WI-QA-001-010 JO25-M-01043-89 AR2025-04-071 GENERAL DEFECT LIMIT	Requirement: SCUM NOT ACCEPTABLE Actual: WITH SCUM Conclusion or Recommendation: REJECT	<div style="text-align: right;"> <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable </div>

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	<div style="text-align: right;"> <input type="checkbox"/> Conditional (Please indicate details) If item is for sorting, for backload, or for rework, fill-out below, </div> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Person In Charge</th> <th style="width:20%;">Target Date</th> <th style="width:50%;">Signature</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Person In Charge	Target Date	Signature			
Person In Charge	Target Date	Signature							

Remarks:	<div style="text-align: center; font-size: small;">JUDGEMENT</div> <div style="text-align: center; font-size: x-small;">(If subject is for issuance of IRF / CAR)</div> <div style="text-align: center;"> <input type="checkbox"/> FOR 5 WHY ISSUANCE <input type="checkbox"/> FOR CAR ISSUANCE <input checked="" type="checkbox"/> FOR IRF ISSUANCE </div>
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Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
 J. PALMA	 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 <input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need	Approved by <div style="text-align: center;">Top Management</div>	Final Disposition <input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____
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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

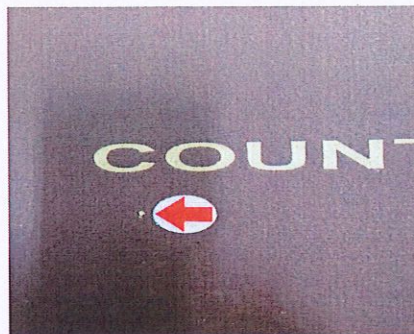
Reinspection Date	Reworking Time		# of Man-power	Lot Number	Reinspected Quantity	Good Quantity	Reject Quantity	Rejection Rate (%)
	Start	End						
Inspected by				Verified by		Approved by		
QA Inspector				QA Line Leader/Sub-Leader		QA Head		



I. Item Information

Item Code	RM-ZRY002C	Customer	LINE SEIKI
Item Description	STANDARD BOX	Delivery Date	250425
Inspection Date	250425	Inspection Time	5PM
Lot Quantity	2,000 PCS	Job Order Number	JO22-R-00069-2
Affected Quantity	257 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	12.85% 128,500 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2
Problem Description	SPOT	Delivery Receipt Number	N/A

II. Visual Reference (Defect Illustration)

GOOD	NO GOOD
NO SPOT	

6

Related Doc. Info.	Control Number	Requirement:	SPOT NOT ACCEPTABLE
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	WITH SPOT
<input checked="" type="checkbox"/> Technical Drawing :	LSP-0005-01		
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010	Conclusion or Recommendation:	FOR REWORK OF PRODN
<input checked="" type="checkbox"/> Job Order :	JO25-M-01043-89		
<input checked="" type="checkbox"/> Reports :	AR2025-04-071		
<input checked="" type="checkbox"/> Defect Limit :	GENERAL 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 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			
		<input type="checkbox"/> For Sorting	Person In Charge	Target Date	Signature
		<input checked="" type="checkbox"/> For Rework	M. MEAR	250428	6

Remarks:

JUDGEMENT

(If subject is for issuance of IRF / CAR)

- ☐ FOR 5 WHY ISSUANCE
☐ FOR CAR ISSUANCE
☐ FOR IRF ISSUANCE

Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
J. PALIMA	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 <input type="checkbox"/> >80% Need		<input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____
			Top Management	

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								

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	Reason	Total Quantity	Remarks	Received by
<input type="checkbox"/> Pull-Out				
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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.

JOB ORDER

MEMO: - None -

PR-001-F12-REV.00

Martillano, Alda Grace
SO #: SO25-R-00069 REV 1

Customer: LINE SEIKI PHILS. INC.

ITEM CODE: RM-ZRY002C

Netsuite Itemcode: RM-ZRY002C

JOB ORDER:

JO25-R-00069-2



Item Description: STANDARD BOX

QTY: 2000	DELIVERY DATE: 2025-04-23	CREATED BY: Mendonez, Jhee Ann Manalo	DATE RELEASED: 2025-04-15
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Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
RM-ZRY002C.c1	2000		None			
RM-ZRY002C.c2	2000		None			
	0					
	0					
	0					
	0					
	0					
	0					
	0					
	0					

Tooling Reference # C-112B

Control/Batch #:

RM Issued By:

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA				INHOUSE	SUPPLIER	
1. GLUING SD 1800	4/24	Nethy Larson		1120 857	2	38			1944
					G	R			
2. LOT NUMBERING	04/25		JHEENA	2000	G	R			
3. SCREENING	04/25		Jeromy	1040	G	R			Real 10337
4.					G	R			
5.					G	R			
6.					G	R			
7.	QA INPUT: DATE 2804/25 TIME 5:20 QTY 1974								
8.	QA OUTPUT: DATE 2804/25 TIME 5:20 QTY 1640								
9.	WIP REJECT: DATE 2804/25 TIME 5:20 QTY 727								

REJECTION/ ABNORMALITY HISTORY

Customer Claim: [2023 08 31] MAJOR CLAIM: Misalign Glue (3pcs. NG / 1,794pcs.) /parameters.

Notes: NOTE: Sort the items after EQOS process. Separate the boards with 3mm print movement so that the Diecut process will be able to easily adjust its setu

IN-HOUSE REJECTION HISTORY: misalign print

REMARKS

PROD PLAN: ADD #5 PLAN 2025-113

1120 TO QA - Jha 4/24

LINE SEIKI PHILS. INC.

Item Code

RM-ZRY002C

Item Description

STANDARD BOX

Lot No. / Ref. NO.

250425-00069-2

Quantity

20 pcs.

Supplier's QC

PASSED

INSPECTION

Re:HS OK

QA-CG3304

MP

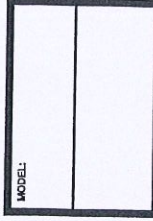
*** UNCONTROLLED COPY FOR JOB ORDER ***

2025-04-15 Issued by:

NOTES:

DO NOT DISPOSE THE PAD, USE
BLADE OF STANDARD BOX

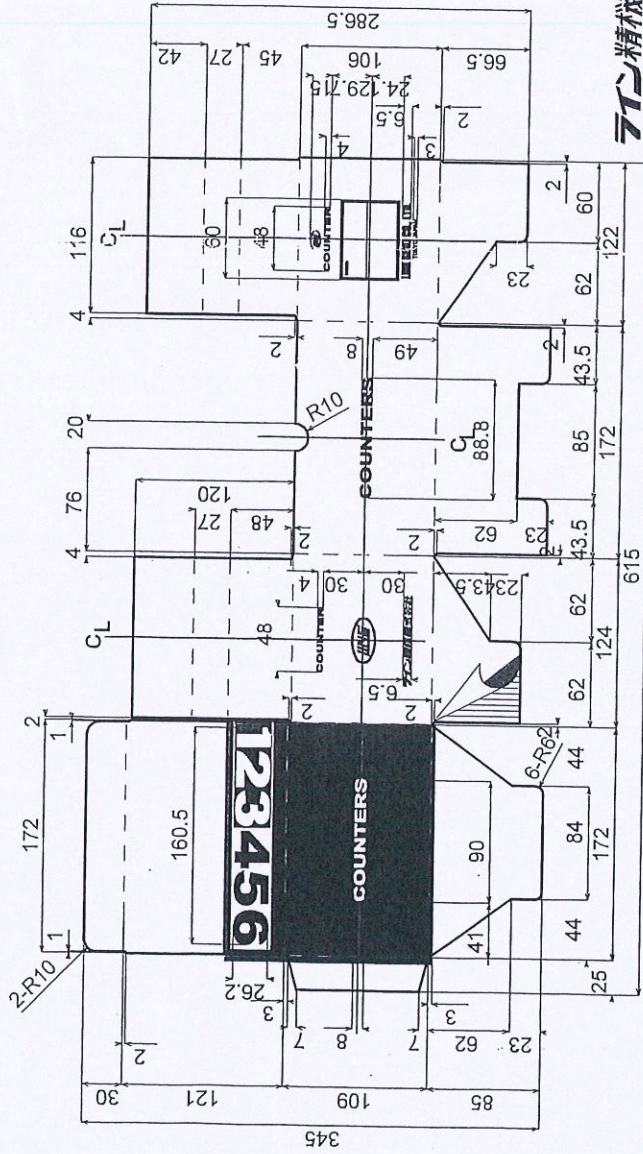
COUNTER



LINE SEIKI CO., LTD.

TOKYO JAPAN

ライオン精機株式会社

[illegible]



KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

SQB-

I. Item Information

Customer	LINE SEIKI	Inspection Date	280423	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	CAVITE	Delivery Date	250423	
Item Code	RM-ZRY002C	Job Order No.	JO25-R-00069-2	
Item Description	STANDARD BOX	Job Order Qty.	2,000	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	08	Delivery Receipt No.	386 875	
External Provider	SP	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing	
			<input type="checkbox"/> SD1800	

II. Dimensional Inspection

Time Conducted Sample #1: 6:00						Time Conducted Sample #2: 6:30						Time Conducted Sample #3: 4:00					
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	109		109	109	109	16						16					
2	121	+2mm	121	121	121	17						17					
3	100		100	100	100	18						18					
4	48	+2mm	48	48	48	19						19					
5	48		48	48	48	20						20					
6	30		30	30	30	21						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:	<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	24-24 079-108

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)				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: <u>misaligned print</u>	20		20	Others:	N/A	N/A	N/A
Missing Print/ Character <u>US aligned print</u>				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: <u>scam</u>	50		50	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: <u>oil stain</u>	5		5	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: <u>SPOT</u>	254		254				

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)	made	made	✓	Corrugated			
STITCHED (Inside or Outside)	n/a		✓	Flute			
				Others	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	Scan 2	Good	No Good
n/a			n/a		✓	✓	
						✓	
						✓	

VI. Inspection Result

VII. Sampling Inspection Result

Total Qty Inspected	177	Defect Rate Formula: Total Quantity NG Total Qty. Inspected x100	Total Sampling Qty Inspected	
Total Qty Good	140		Total Sampling Qty Good	
Total Qty NG	37		Total Sampling Qty NG	
Defect Rate in %	20.9%	PPM Formula: Total Quantity NG Total Qty. Inspected x1,000,000	Defect Rate in %	
in PPM	17,011.019.2 PPM		in PPM	

VIII. Disposition

IX. Remarks

<input checked="" type="checkbox"/> Good	<input type="checkbox"/> For Special Acceptance	Abnormality Report Control No.: 17-011.019.2 PPM
<input type="checkbox"/> Backload	<input type="checkbox"/> Conditional (Please indicate details)	
<input type="checkbox"/> For Sorting		
<input type="checkbox"/> For Rework		

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
J. P. Luna			
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				
Total				

XI. Overall Inspection Time

CORRUGATED AND MOULDED ITEMS

Date	No. of Manpower	Qty	Time Start	Time End	Downtime	Total hrs.	Cause of Downtime