

 KANEPACKAGE PHILIPPINE INC.		<h1>ABNORMALITY REPORT</h1>		Control No. <b>AR-07-0022</b>	
<b>I. Item Information</b>					
Item Code	5169493-00	Customer	EPSON PRECISION (PHILIPPINES), INC. - IJP		
Item Description	LIONEL 3 FAL AMERICA	Delivery Date	2025/07/15		
Inspection Date	2025/07/12	Inspection Time	0915H - 2023H		
Lot Quantity	1040	Job Order Number	1.JO- 0011277      2.		
Affected Quantity	28	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	2.69%      26,923 PPM	Date Received	2025/07/03		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	INLINE QA M#3/ SHIFT A		
Problem Description	<b>SCRATCHES</b>	Delivery Receipt Number	10842		
<b>GOOD</b>			<b>NO GOOD</b>		
					
<b>III. Documented Information Review (To be filled out by QA Line leader)</b>					
Related Doc. Info.      Control Number		Requirement:	ITEM SHOULD BE IN GOOD CONDITION NO OCCURRENCE OF <b>SCRATCHES</b>		
<input type="checkbox"/> Procedure Manual : _____ <input type="checkbox"/> Technical Drawing : _____ <input type="checkbox"/> Work Instruction : _____ <input type="checkbox"/> Job Order : _____ <input type="checkbox"/> Reports : _____ <input type="checkbox"/> Defect Limit : _____		Actual:	<b>SCRATCHES OCCUR ON UPPER FLAP CLASS B PANEL B</b>		
		Conclusion and Recommendation:	<b>CHECK THE PROCESS FOR WHAT IS THE POSSIBLE CAUSE OF THAT REJECT AND HOW IT OCCURRED</b> <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable		
<b>IV. Initial Disposition (To be filled out by ME Department If Needed)</b>			<b>V. Final Disposition</b>		
<input type="checkbox"/> Good <input type="checkbox"/> Conditional (Please indicate details) <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Backload			<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Conditional (Please indicate details) <input type="checkbox"/> Backload    If item is for sorting, for backload, or for rework, fill-out below <input type="checkbox"/> Good <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 type="checkbox"/> FOR IRF ISSUANCE		
Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By	
J.VISDA	R.MANALO				
QA Inspector	QA Leader	ME Head	QA Head	QA Staff	
<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.		Evaluation <input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need	Approved by  Top Management	Final Disposition <input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____	

# ABNORMALITY REPORT

## V. Sorting Instructions

## VI. 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								

## VII. Warehouse Details (To be filled out by QA Line Leader If needed)

	Reason	Total Quantity	Remarks	Received by
Pull-Out				
For Transfer				

## VIII. Reworking Instructions

## IX. 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			

## X. 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		Noted by		Approved by	
QA Inspector			QA Line Leader/Sub-Leader		QA Supervisor		QA Head	