
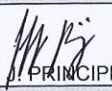
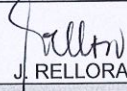
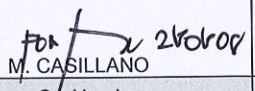
 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No.	
				AR2025-05-023	
I. Item Information					
Item Code	HP33D1057-1	Customer	KOWA-EMORI		
Item Description	CARTON BOX	Delivery Date	250505		
Inspection Date	250507	Inspection Time	10:00 PM		
Lot Quantity	1,960 PCS	Job Order Number	JO25-M-01645-28		
Affected Quantity	97 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	4.94% 49,489 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 4		
Problem Description	MISALIGN PRINT	Delivery Receipt Number	N/A		
II. Visual Reference (Defect Illustration)					
GOOD		NO GOOD			
NO MISALIGN PRINT					
III. Documented Information Review (To be filled out by Qa Line Leader)					
Related Doc. Info.		Control Number	Requirement: NO MISALIGN PRINT		
<input checked="" type="checkbox"/> Procedure Manual :		PM-QA-018	Actual: WITH MISALIGN PRINT		
<input checked="" type="checkbox"/> Technical Drawing :		EMO-0098-01AB-04			
<input checked="" type="checkbox"/> Work Instruction :		WI-QA-001-010	Conclusion or Recommendation: REJECT <div style="float: right;"> <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable </div>		
<input checked="" type="checkbox"/> Job Order :		JO25-M-01645-28			
<input checked="" type="checkbox"/> Reports :		AR2025-05-023			
<input checked="" type="checkbox"/> Defect Limit :		KEP DEFECT LIMIT			
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			
<input type="checkbox"/> Backload		If item is for sorting, for backload, or for rework, fill-out below,			
		<input type="checkbox"/> Good	Person In Charge	Target Date	Signature
		<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 checked="" type="checkbox"/> FOR IRF ISSUANCE
Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By	
 J. PRINCIPE	 J. RELLORA		 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	
		Top Management	<input type="checkbox"/> Other _____		

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.

PR-001-F12-REV.00

MEMO: - None -

Gido, Jastine Joy
SO #: SO25-M-01645

JOB ORDER

Customer : KOWA-EMORI PHILIPPINES, INC.

ITEM CODE: **HP33D1057-1**

Netsuite Itemcode : HP33D1057-1

JOB ORDER:

JO25-M-01645-28



Item Description : CARTON BOX

QTY:	DELIVERY DATE:	CREATED BY:	DATE RELEASED:
2000	2025-05-05	Tuiza, Jecille Maduro	2025-04-29

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
720X797 BF TX200	1000	10	N/A	1010	204145	PW

Tooling Reference # F-32B

Control/Batch #:

RM Issued By:

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	05/05	JAPG	P. Langus	1010	G	R			
2. DIECUT ETERNA	5-5	JC-EG	P. Langus	1010	G	R			2252 F-2255
3. DETACHING 1	5/6	JA		2020	G	R			
4. GLUING CONVEYOR 1	5/6	Go JIN arlene AN OPEN	Steve Army MITCH JESSA 252504 Chris Yan	270 + 749 (95)	G	R			First - DIS 590 480
5. LOT NUMBERING	5/7		POVEN Digne	1500 3100	G	R			
6. SCREENING	5/7		mae we	3600	G	R			
7.	5/7		Japp Francis	1495			105		
8.									
9.									

REJECTION/ ABNORMALITY HISTORY

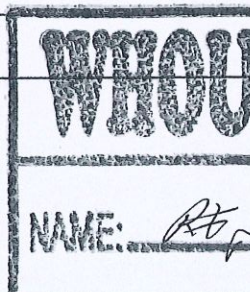
Customer Claim:

Notes: IN-HOUSE REJECTION HISTORY: extra fold, misaligned print, Misaligned glue 75/2100 (230530);

REMARKS

PROD PLAN: ADD #0 PLAN 2025-125

270 - QA - Jm 5/4
749 JD QA - Shm 5/7



KOWA-EMORI PHILIPPINES INC.	
Item Code HP33D1057-1	Quantity 10 pcs.
Item Description CARTON BOX	Supplier's QC PASSSED INSPECTION Roll's OK QA-KP367 MAP
Lot No. / Ref. NO. 250507-01645-28	
KANEPACKAGE PHILIPPINE INC.	

SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.
SQB-05-000719

I. Item Information

Customer	KOWA-EMORI PHILIPPINES, INC.	Inspection Date	250507	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date	250505	
Item Code	HP33D1057-1	Job Order No.	JO25-M-01645-28	
Item Description	CARTON BOX	Job Order Qty.	2,000	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	05	Delivery Receipt No.	20145	
External Provider	PW	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input type="checkbox"/> SD1800	

II. Dimensional Inspection

Time Conducted Sample #1: 10:00			Time Conducted Sample #2: 11:00			Time Conducted Sample #3: 2:00					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	183	±2	183	183	183	16					
2	183	±2	183	183	183	17					
3	41	±2	40	40	40	18					
4	50	±5	50	52	55	19					
5	17	±5	17	17	17	20					
6	6	±5	5	5	5	21					
7	19	±5	20	20	20	22					
8	19	±5	20	20	21	23					
9	7	±5	7	7	7	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:

25-20028-018

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				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: misalign print	97		97	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	3		3	Excess Flashes	N/A	N/A	N/A
Peel-off	5		5	Others:	N/A	N/A	N/A
Damages:							
Others:							

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)	Inside	Inside	-	Corrugated	UPPC BF	UPPC BF	-
STITCHED (Inside or Outside)	2/3			Flute			
				Others	2/3		
IV. Destructive Test (Based on Customer Requirement)				V. Barcode Print (If Only with Printed Barcode on Item)			
Requirement	Actual	Good	No Good	Scan 1	2/3	<input type="checkbox"/> Good	<input type="checkbox"/> No Good
				Scan 2	2/3	<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	1600	Defect Rate Formula:		Total Sampling Qty Inspected	2/3		
Total Qty Good	1495	Total Quantity NG					
Total Qty NG	105	Total Qty. Inspected x100					
Defect Rate in %	6.56% - 65/625 ppm	PPM Formula:					
Defect Rate in PPM		Total Quantity NG		Total Sampling Qty Good			
		Total Qty. Inspected x1,000,000		Total Sampling Qty NG			
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.: AR2025-05-623							
Inspected by	Checked by	Approved by		Verified by			
J. Principe	J. Trillm	(If there are major concerns)		(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					
Total							
				R&R Staff			
				Received by (Signature over Printed Name)			
				QA Inspector			

[illegible]