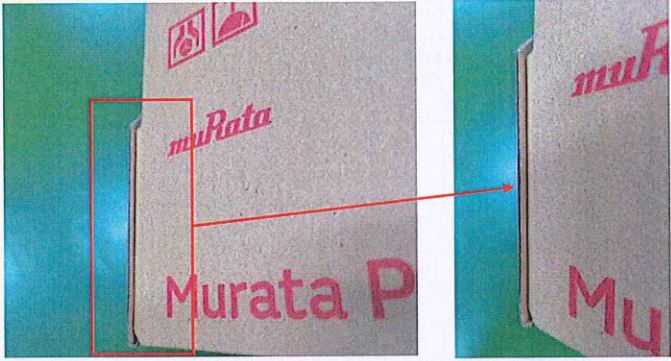
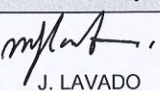
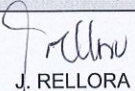
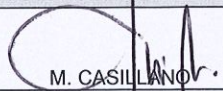
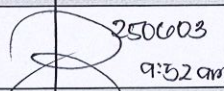
 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No. AR2025-06-004	
I. Item Information					
Item Code	HP33D1010-01	Customer	KOWA-EMORI		
Item Description	CARTON BOX	Delivery Date	250603		
Inspection Date	250602	Inspection Time	12:00 AM		
Lot Quantity	1500 PCS	Job Order Number	JO25-M-01645-63		
Affected Quantity	33 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	2.2% 22,000 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 4		
Problem Description	MISALIGNED GLUE	Delivery Receipt Number	N/A		
II. Visual Reference (Defect Illustration)					
GOOD		NO GOOD			
NO MISALIGN GLUE					
III. Documented Information Review (To be filled out by Qa Line Leader)					
Related Doc. Info.		Control Number	Requirement: NO MISALIGN GLUE		
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	WITH MISALIGNED GLUE		
<input checked="" type="checkbox"/> Technical Drawing :	EMO-0099-01AB-03				
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010				
<input checked="" type="checkbox"/> Job Order :	JO25-M-01645-63	Conclusion or Recommendation:	REJECT <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable		
<input checked="" type="checkbox"/> Reports :	AR2025-06-004				
<input checked="" type="checkbox"/> Defect Limit :	KOWA-EMORI 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. LAVADO	 J. RELLORA		 M. CASILLANOV	 250603 9:52 am	
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		

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 Philippines Inc.

PR-001-F12-REV.00

MEMO: • None •

Dela Cerna, Jessa Mae
SO #: SO25-M-01645 REV02

JOB ORDER

Customer: KOWA-EMORI PHILIPPINES, INC.

ITEM CODE: HP33D1010-1

Netsuite Itemcode: HP33D1010-1

JOB ORDER:

JO25-M-01645-63



Item Description: CARTON BOX

QTY: 1500

DELIVERY DATE:

2025-06-03

CREATED BY:

Tuiza, Jecille Maduro

DATE RELEASED:

2025-05-28

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
720X797 BF TX200	750	10	N/A	760	0205167	P.W

Tooling Reference # SAMPLE-91A

Control/Batch #:

RM Issued By: 05.30-28

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	5/30	PMEV	2/10/30	760	2				5/19/24
2. DIECUT ETERNA	05/31	GJK	2/10/31	760	3				
3. DETACHING 1	6-2	DS		120	G	R			
4. GLUING SD 1800	6/2	Neth Khen Shaw and Glory Nelson		1025 478	2	19			
5. GLUING CONVEYOR 1	6-2	m. j. m. w J. A		1400	3				
6. LOT NUMBERING	06-02		Reven	1800	G	R			
7. SCREENING	06-02		J. L. m. w	1460			40		
8.									
9.									

REJECTION/ ABNORMALITY HISTORY

Customer Claim:

Notes:

REMARKS

PROD PLAN: ADD #0 PLAN 2025-154

BY: 6/2DATE: 6/2

KOWA-EMORI PHILIPPINES INC.

Item Code

HP33D1010-Y

Quantity

10 pcs.

Item Description

CARTON BOX

Supplier's QC

PASSED

INSPECTION

Lot No. / Ref. NO.

250602-01645-63

RoHS OK

QA-KP684

MP



KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQA-06-000086

I. Item Information

Customer	KOWA-EMORI PHILIPPINES, INC.	Inspection Date	25 06 02	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	Laguna	Delivery Date	250603	
Item Code	HP33D1010-1	Job Order No.	JO25-M-01645-63	
Item Description	CARTON BOX	Job Order Qty.	1,500	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	03	Delivery Receipt No.	0205162	
External Provider	PW	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing	
			<input checked="" type="checkbox"/> SD1800	

II. Dimensional Inspection

Time Conducted Sample #1: 11:50			Time Conducted Sample #2: 12:00			Time Conducted Sample #3: 1:30					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	183	2+2	183	183	183	16					
2	183		183	183	183	17					
3	82		82	82	82	18					
4	17	2+5	17	17	17	19					
5	20		20	20	20	20					
6	10		10	10	10	21					
7	50		50	50	50	22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Measuring Tool Used: ☒ Meter Tape ☐ Moisture Content Tester ☐ Zahn Cup ☐ Stopwatch ☐ Control Number of Measuring Tool Used: 24-28052-200
☐ 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	2		2	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	2			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: _____	6		6	Scratches	N/A	N/A	N/A
Excess Glue				Foreign Materials	N/A	N/A	N/A
Gluing Defect: <u>miss align glue</u>	33		33	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	4		4	Excess Flashes	N/A	N/A	N/A
Peel-off				Others:	N/A	N/A	N/A
Damages: <u>weak glue</u>	5		5				
Others: <u>Over lap</u>	30		30				

KANE PACKAGE PHILIPPINE INC.			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	UNAPC	UNAPC	-
					Flute	BF	BF	-
STITCHED (Inside or Outside)	N/A				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		<input type="checkbox"/> Good	<input type="checkbox"/> No Good
	N/A				Scan 2	N/A	<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	1500	Defect Rate Formula:			Total Sampling Qty Inspected			
Total Qty Good	1460	Total Quantity NG			Total Sampling Qty Good			
Total Qty NG	40	Total Qty. Inspected x100			Total Sampling Qty NG	N/A		
Defect Rate in %	2.66%	PPM Formula:			Defect Rate in %			
in PPM	266 PPM	Total Quantity NG			in PPM			
			Total Qty. Inspected x1,000,000					
VIII. Disposition				IX. Remarks				
<input checked="" type="checkbox"/> Good <input type="checkbox"/> Backload <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework <input type="checkbox"/> For Special Acceptance <input type="checkbox"/> Conditional (Please indicate details)								
Abnormality Report Control No.: AR2025-64-004								
Inspected by		Checked by		Approved by (If there are major concerns)		Verified by (If there are major concerns)		
J. Lanno		Jellon				QA Head		
QA Screening Inspector		QA Line Leader		QA Supervisor / QA Asst. Supervisor				
X. Reject & Reworks Item Verification								
Defect	Verification Quantity		Remarks:	Verified by (Signature over Printed Name)				
	Good	No-Good						
Total				QA Inspector				
XI. Overall Inspection Time								
CORRUGATED AND MOULDED ITEMS								
Date	No. of Manpower	Qty	Time Start	Time End	Downtime	Total	Cause of Downtime	
250602	1	1460	11:50	1:30	15 minutes	1hrs 40 minutes	15 minutes break time	