

|   |                       |   |   |   |  |
|---|-----------------------|---|---|---|--|
|   |                       | ABNORMALITY REPORT  |   | Control No.   |  |
|   |                       |   |   | AR2025-06-028   |  |
| I. Item Information   |                       |   |   |   |  |
| Item Code   | DB04020120-00         | Customer  | HIBLOW  |   |  |
| Item Description  | VP INDIVIDUAL BOX     | Delivery Date   | 250611  |   |  |
| Inspection Date   | 250610                | Inspection Time   | 11PM  |   |  |
| Lot Quantity  | 160 PCS               | Job Order Number  | JO25-M-01680-11   |   |  |
| Affected Quantity   | 35 PCS                | Origin  | <input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:               |   |  |
| Rejection Rate and PPM  | 21.88%    218,750 PPM | Date Received   | N/A   |   |  |
| Sampling Quantity (IQA)   | N/A                   | Detection (Section / Area)  | SCREENING 4   |   |  |
| Problem Description   | SCUM                  | Delivery Receipt Number   | N/A   |   |  |
| II. Visual Reference (Defect Illustration)  |                       |   |   |   |  |
| GOOD  |                       |   | NO GOOD   |   |  |
| <p style="font-size: 1.5em; font-weight: bold;">NO SCUM</p> <p style="font-size: 1.2em;">POOR PRINT</p>   |                       |   |   |   |  |
| III. Documented Information Review (To be filled out by Qa Line Leader)   |                       |   |   |   |  |
| Related Doc. Info.  |                       | Control Number  | Requirement: SCUM NOT ACCEPTABLE ON CLASS A NO POOR PRINT<br><br>Actual: WITH SCUM POOR PRINT |   |  |
| <input checked="" type="checkbox"/> Procedure Manual :<br><input checked="" type="checkbox"/> Technical Drawing :<br><input checked="" type="checkbox"/> Work Instruction :<br><input checked="" type="checkbox"/> Job Order :<br><input checked="" type="checkbox"/> Reports :<br><input checked="" type="checkbox"/> Defect Limit : |                       | PM-QA-018<br>HPI-0156-01<br>WI-QA-001-010<br>JO25-M-01680-11<br>AR2025-06-028<br>GENERAL DEFECT LIMIT |   |   |  |
|   |                       |   | Conclusion or Recommendation: REJECT  |   | <input checked="" type="checkbox"/> Applicable<br><input type="checkbox"/> Not Applicable                    |
| IV. Initial Disposition (To be filled out by ME Department If Needed)   |                       |   |   |   |  |
| <input type="checkbox"/> Good<br><input type="checkbox"/> Rejected<br><input type="checkbox"/> Backload   |                       | <input type="checkbox"/> Conditional (Please indicate details)<br><hr/> <hr/>                         |   | <input checked="" type="checkbox"/> Rejected<br><input type="checkbox"/> Backload<br><input type="checkbox"/> Good<br><input type="checkbox"/> For Sorting<br><input type="checkbox"/> For Rework |  |
|   |                       |   |   | If item is for sorting, for backload, or for rework, fill-out below,  |  |
|   |                       |   |   | Person In Charge  | Target Date  |
|   |                       |   |   |   |  |
| Remarks:  |                       |   |   | JUDGEMENT   |  |
|   |                       |   |   | (If subject is for issuance of IRF / CAR)   |  |
|   |                       |   |   | <input type="checkbox"/> FOR 5 WHY ISSUANCE<br><input type="checkbox"/> FOR CAR ISSUANCE<br><input checked="" type="checkbox"/> FOR IRF ISSUANCE  |  |
|   |                       |   |   |   |  |
| Detected by   | Checked by            | Initial Approved by (If Needed)   | Approved by   | Received By   |  |
| M. GARCIA   | A. FILIPINAS          |   | M. CASILLANO  |   |  |
| QA Inspector  | QA Line Leader        | ME Head   | QA Head   | QA Staff  |  |
| <b>Important: Backloading Policy (External Provider Rejects)</b><br>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<br><input type="checkbox"/> >80% Need                           |   |   | <input type="checkbox"/> Backload<br><input type="checkbox"/> Accept<br><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 |                     |     |                       |                       |                       |                     |                    |           |

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

|                                       | Reason | Total Quantity | Remarks    | Received by |
|---------------------------------------|--------|----------------|------------|-------------|
| <input type="checkbox"/> Pull-Out     |        |                | 52129 2001 |             |
| <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       |                 |                    |



Amor-01-018

807

PR-001-F12-REV.00



Kanepackage Philippine Inc.

MEMO: - None -

Mark Jefferson Il Jorvina Pacia  
SO #: SO25-M-01680

## JOB ORDER

Customer: HIBLOW PHILIPPINES INC

ITEM CODE: **DB04020120-00**

Netsuite Itemcode: DB04020120-00

JOB ORDER:

JO25-M-01680-11



Item Description: VP Individual Large Box

QTY: **160**

DELIVERY DATE:

2025-06-05

CREATED BY:

JECIEL BALINGBING BUCE

DATE RELEASED:

2025-05-30

| Raw Material Code: | Qty To Be Used: | Over Run: | Cut Size: | Actual Issued: | DR#: | SUPPLIER: |
|--------------------|-----------------|-----------|-----------|----------------|------|-----------|
| DB04020120-00.C1   | 160             |           | None      |                |      |           |

Tooling Reference # D-58B

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. VERTICAL       | 06/09 | SHK        |         | 170      |           |   |              |          |         |
| 2. SLITTER SMALL  | 06/09 | OTTO ROVEL |         | 170      |           |   |              |          |         |
| 3. EQOS           | 06/10 | JAMES      | MC 6/10 | 170      |           |   |              |          |         |
| 4. GLUING MANUAL  | 06/10 | E          |         | 170      |           |   |              |          |         |
| 5. LOT NUMBERING  | 06/10 |            | mao/ck  | 135      |           |   | 25           |          |         |
| 6. SCREENING      |       |            |         |          |           |   |              |          |         |
| 7.                |       |            |         |          |           |   |              |          |         |
| 8.                |       |            |         |          |           |   |              |          |         |
| 9.                |       |            |         |          |           |   |              |          |         |

### REJECTION/ ABNORMALITY HISTORY

Customer Claim:

Notes:

KANEPACKAGE PHILIPPINE, INC.  
CUSTOMER : HIBLOW PHILIPPINES INC.  
ITEM CODE : DB04020120-00  
ITEM DESCRIPTION : VP COMMON INDIVIDUAL LARGE BOX  
LOT NUMBER : 250610-JO25-M-01680-11  
QUANTITY : 10 pcs.  
MADE IN THE PHILIPPINES  
QA-KP1618  
MP QA PASSED

REMARKS

ADD PLAN: ADD #0 PLAN 2025-156



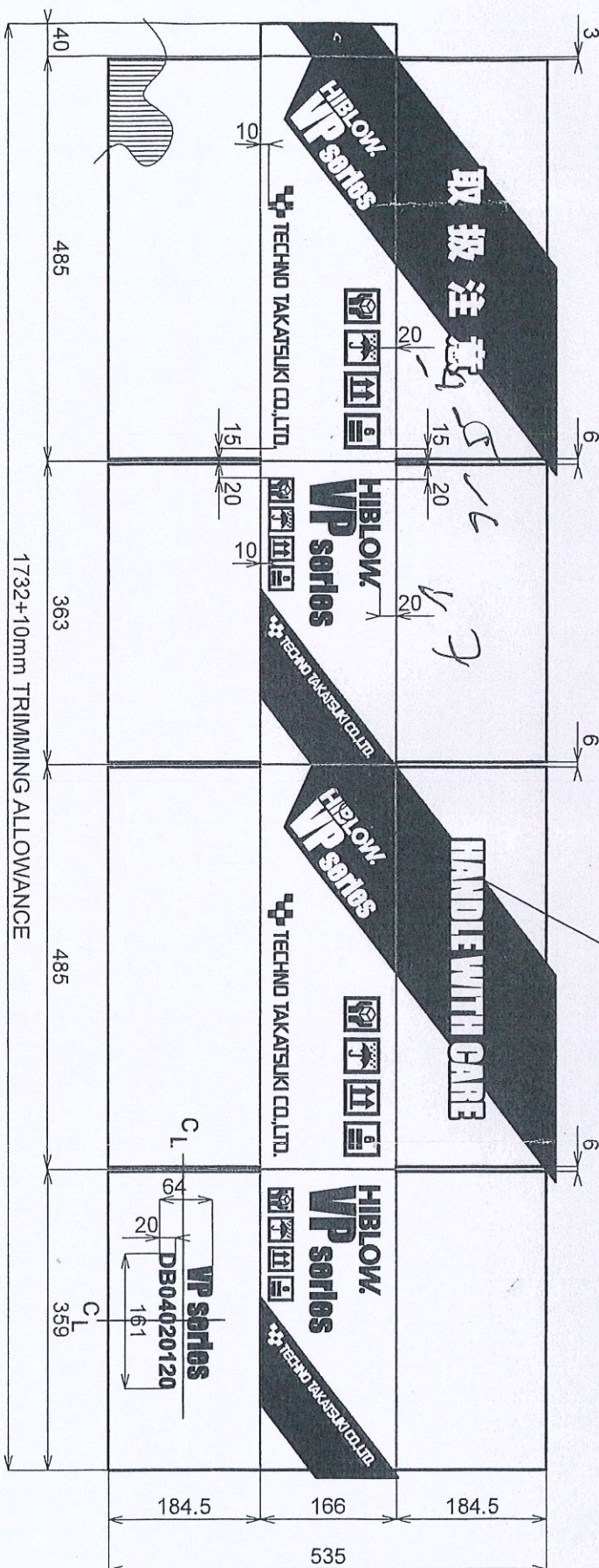




123

1. INNER DIMENSION : 477 x 355 x 150mm
2. PRINT COLOR : EQ-03 LIGHT BLUE
3. JOINT FLAP : GLUING INSIDE

**SHEET SIZE TO BE USED : 555 X 1732 (+10 TRIMMING ALLOWANCE)**



|  |  |  |                                   |                      |  |
|--|--|--|-----------------------------------|----------------------|--|
| CUSTOMER : HIBLOW                                    |  |  |                                   |                      |  |
| ITEM DESCRIPTION/PART CODE:                          |  |  | CUSTOMERS SUPPLIED REFERENCE NO : | TOLERANCE            |  |
| DB04020120-00<br>VP COMMON INDIVIDUAL<br>LARGE BOX   |  |  | N/A                               | DIMENSION: +/-5mm    |  |
| ITEM KEY :   |  |  | HPL-0156-01AB1-01                 |                      |  |
| HPI-0156-01AB1-01                                    |  |  | 1/4                               |                      |  |
| PAGE :   |  |  | PRINT :                           |                      |  |
| REV.# DATE   |  |  | ADDITIONAL QR CODE                | SHEILA REQUESTED BY: |  |
| 21/01/19   |  |  |                                   |                      |  |
| REASON   |  |  |                                   |                      |  |
| MATERIAL: CB FLUTE (TX200/CM125X3/TX200)             |  |  |                                   |                      |  |
| LEGEND: UNITS:mm N.T.S.                              |  |  |                                   |                      |  |
| - CUTTING - CREATING - HALF-CUT - PERFORATION - HOLE |  |  |                                   |                      |  |
| PACKING INSTRUCTION: 10 PCS/ BUNDLE                  |  |  |                                   |                      |  |
| DRAWN BY: J.M. SUDJANGION                            |  |  |                                   |                      |  |
| CHECKED BY: M. ALVAREZ                               |  |  |                                   |                      |  |
| APPROVED BY: S. LUBAG                                |  |  |                                   |                      |  |











|   |                         |   |   |   |                                |
|---|-------------------------|---|---|---|--------------------------------|
| <b>KANEPACKAGE PHILIPPINE INC.</b>  |                         | <b>SCREENING INSPECTION REPORT<br/>(CORRUGATED AND MOULDED ITEMS)</b> |   | Control No.<br><b>SQB-06-000807</b>   |                                |
|   |                         |   |   |   |                                |
| <b>I. Item Information</b>  |                         |   |   |   |                                |
| Customer  | HIBLOW PHILIPPINES INC  |   | Inspection Date                                     | 250610 Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night        |                                |
| Location  | CAVITE                  |   | Delivery Date                                       | 250605  |                                |
| Item Code   | DB04020120-00           |   | Job Order No.                                       | JO25-M-01680-11   |                                |
| Item Description  | VP INDIVIDUAL LARGE BOX |   | Job Order Qty.                                      | 160   |                                |
| Model   | N/A                     |   | Inspection Method                                   | <input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling                  |                                |
| Drawing Revision No.  | 01                      |   | Delivery Receipt No.                                | N/A   |                                |
| External Provider   | N/A                     |   | Gluing Process                                      | <input checked="" type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing |                                |
|   |                         |   |   | <input type="checkbox"/> SD1800   |                                |
| <b>II. Dimensional Inspection</b>   |                         |   |   |   |                                |
| Time Conducted Sample #1: 2200  |                         |   | Time Conducted Sample #2: 2240                      |   | Time Conducted Sample #3: 2250 |
| Checkpoints   | Drawing Specs           | Tolerance   | Sample #1   | Sample #2   | Sample #3                      |
| 1   | 477                     | ±1.5  | 479   | 477   | 477                            |
| 2   | 355                     | ±1.5  | 355   | 357   | 355                            |
| 3   | 150                     | ±1.5  | 150   | 150   | 152                            |
| 4   | 20                      | ±1.5  | 20  | 20  | 20                             |
| 5   | 15                      | ±1.5  | 15  | 15  | 16                             |
| 6   | 20                      | ±1.5  | 20  | 21  | 20                             |
| 7   | 20                      | ±1.5  | 21  | 20  | 20                             |
| 8   |                         |   |   |   |                                |
| 9   |                         |   |   |   |                                |
| 10  |                         |   |   |   |                                |
| 11  |                         |   |   |   |                                |
| 12  |                         |   |   |   |                                |
| 13  |                         |   |   |   |                                |
| 14  |                         |   |   |   |                                |
| 15  |                         |   |   |   |                                |
| 16  |                         |   |   |   |                                |
| 17  |                         |   |   |   |                                |
| 18  |                         |   |   |   |                                |
| 19  |                         |   |   |   |                                |
| 20  |                         |   |   |   |                                |
| 21  |                         |   |   |   |                                |
| 22  |                         |   |   |   |                                |
| 23  |                         |   |   |   |                                |
| 24  |                         |   |   |   |                                |
| 25  |                         |   |   |   |                                |
| 26  |                         |   |   |   |                                |
| 27  |                         |   |   |   |                                |
| 28  |                         |   |   |   |                                |
| 29  |                         |   |   |   |                                |
| 30  |                         |   |   |   |                                |
| Measuring <input checked="" type="checkbox"/> Meter Tape <input type="checkbox"/> Moisture Content Tester <input type="checkbox"/> Zahn Cup <input type="checkbox"/> Stopwatch<br>Tool Used: <input type="checkbox"/> Thickness Gauge <input type="checkbox"/> Weighing Scale <input type="checkbox"/> Steel Ruler <input type="checkbox"/> Caliper |                         |   | Control Number of Measuring Tool Used: 25-16010-051 |   |                                |
| <b>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)</b>   |                         |   |   |   |                                |
| <b>A. CORRUGATED ITEM / BOX / DANPLA</b>  |                         | In-house  | External Provider                                   | Total Quantity  |                                |
| Scoring   |                         |   |   |   |                                |
| Grain Direction   |                         |   |   |   |                                |
| Paper Shade (Off Color)   |                         |   |   |   |                                |
| Bubbles   | N                       |   |   |   |                                |
| Blister   |                         |   |   |   |                                |
| Wrinkle   |                         |   |   |   |                                |
| Delamination  |                         |   |   |   |                                |
| Uneven Kraft liner  |                         |   |   |   |                                |
| Warpage   |                         |   |   |   |                                |
| Cracking on edge  |                         |   |   |   |                                |
| Bursting / Bursting on Edge (Crowfeet)  |                         |   |   |   |                                |
| Wrong die-cut orientation   |                         |   |   |   |                                |
| Inverted die-cut  |                         |   |   |   |                                |
| Close Gap/ Wide Gap   |                         |   |   |   |                                |
| Print Color : _____   |                         |   |   |   |                                |
| Missing Print/ Character  |                         |   |   |   |                                |
| Blotted Print   |                         |   |   |   |                                |
| Smeared Print   |                         |   |   |   |                                |
| Other Print Defect : <u>SCDM</u>  | 35                      |   |   | 35  |                                |
| Linemark  |                         |   |   |   |                                |
| Fish-eye  |                         |   |   |   |                                |
| Stain : _____   | N                       |   |   |   |                                |
| Excess Glue   |                         |   |   |   |                                |
| Gluing Defect : _____   |                         |   |   |   |                                |
| Worn-out  |                         |   |   |   |                                |
| Dent  |                         |   |   |   |                                |
| Punctured   |                         |   |   |   |                                |
| Tear-off  |                         |   |   |   |                                |
| Peel-off  |                         |   |   |   |                                |
| Damages : _____   |                         |   |   |   |                                |
| Others :  |                         |   |   |   |                                |
| <b>B. PALLET</b>  |                         | In-house  | External Provider                                   | Total Quantity  |                                |
| Condition of Wood   | N/A                     | N/A   | N/A   |   |                                |
| Rusty Nail  | N/A                     | N/A   | N/A   |   |                                |
| Warping   | N/A                     | N/A   | N/A   |   |                                |
| Fumigation Stamp  | N/A                     | N/A   | N/A   |   |                                |
| Crack/ Damages  | N/A                     | N/A   | N/A   |   |                                |
| Others  | N/A                     | N/A   | N/A   |   |                                |
| <b>C. CORRUGATED PALLET</b>   |                         | In-house  | External Provider                                   | Total Quantity  |                                |
| Color of Carton (Discoloration)   | N/A                     | N/A   | N/A   |   |                                |
| Flute of Material   | N/A                     | N/A   | N/A   |   |                                |
| Type of Adhesion  | N/A                     | N/A   | N/A   |   |                                |
| Adhesion of Runner  | N/A                     | N/A   | N/A   |   |                                |
| Rusty Wire  | N/A                     | N/A   | N/A   |   |                                |
| Wrong Orientation   | N/A                     | N/A   | N/A   |   |                                |
| Damages: _____  | N/A                     | N/A   | N/A   |   |                                |
| Others : _____  | N/A                     | N/A   | N/A   |   |                                |
| <b>D. MOULDED ITEMS</b>   |                         | In-house  | External Provider                                   | Total Quantity  |                                |
| Poor Fusion   | N/A                     | N/A   | N/A   |   |                                |
| Chip Off  | N/A                     | N/A   | N/A   |   |                                |
| Warp / Deform   | N/A                     | N/A   | N/A   |   |                                |
| Crack   | N/A                     | N/A   | N/A   |   |                                |
| Broken  | N/A                     | N/A   | N/A   |   |                                |
| Scratches   | N/A                     | N/A   | N/A   |   |                                |
| Foreign Materials   | N/A                     | N/A   | N/A   |   |                                |
| Wet / Moist   | N/A                     | N/A   | N/A   |   |                                |
| Dirt  | N/A                     | N/A   | N/A   |   |                                |
| Stain : _____   | N/A                     | N/A   | N/A   |   |                                |
| Discoloration   | N/A                     | N/A   | N/A   |   |                                |
| Excess Flashes  | N/A                     | N/A   | N/A   |   |                                |
| Others :  | N/A                     | N/A   | N/A   |   |                                |





| Joint Flap                      |  | Judgement |      | Type of Material |             | Judgement |      |         |
|---------------------------------|--|-----------|------|------------------|-------------|-----------|------|---------|
| Requirement                     |  | Actual    | Good | No Good          | Requirement | Actual    | Good | No Good |
| GLUED<br>(Inside or Outside)    |  |           |      |                  | Corrugated  |           |      |         |
|                                 |  |           |      |                  | Flute       |           |      |         |
| STITCHED<br>(Inside or Outside) |  |           |      |                  | Others      |           |      |         |

**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 |
|-------------|---|---|---------|---|---|-------------------------------|----------------------------------|
| 2           |  |  |         | 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 |

## VII. Sampling Inspection Result

|                     |             |  |                              |  |
|---------------------|-------------|--|------------------------------|--|
| Total Qty Inspected | 170         | <b>Defect Rate Formula:</b><br>$\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$ | Total Sampling Qty Inspected |  |
| Total Qty Good      | 135         |  | Total Sampling Qty Good      |  |
| Total Qty NG        | 35          |  | Total Sampling Qty NG        |  |
| Defect Rate in %    | 20.5%       | <b>PPM Formula:</b><br>$\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$   | Defect Rate in %             |  |
| in PPM              | 205,882 ppm |  | in PPM                       |  |

## IX. Remarks

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Good<br><input type="checkbox"/> Backload<br><input type="checkbox"/> For Sorting<br><input type="checkbox"/> For Rework | <input type="checkbox"/> For Special Acceptance<br><input type="checkbox"/> Conditional (Please indicate details) | Abnormality Report Control No.: <u>11-000-00-018</u> |
|--|---|--|

|   |   |   |  |
|---|---|---|--|
| <br>Inspected by<br>QA Screening Inspector | <br>Checked by<br>QA Line Leader | <br>Approved by<br>(If there are major concerns)<br>QA Supervisor / QA Asst. Supervisor | <br>Verified by<br>(If there are major concerns)<br>QA Head |
|---|---|---|--|

| 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                              |

## CORRUGATED AND MOULDED ITEMS

[illegible]