
 KANEPACKAGE PHILIPPINE INC.		<h1>ABNORMALITY REPORT</h1>		Control No. <h2>AR-09-0010</h2>	
I. Item Information					
Item Code	5167003-00	Customer	EPSON PRECISION (PHILIPPINES), INC. - IJP		
Item Description	STRATOS SA ICB FOR AMERICA; D	Delivery Date	2025/09/08		
Inspection Date	2025/09/05	Inspection Time	0635H - 1230H		
Lot Quantity	1000	Job Order Number	1.JOL-0015138 2.		
Affected Quantity	32	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	3.20% 32,000 PPM	Date Received	2025/09/02		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	IN-PROCESS SD1800/ SHIFT B		
Problem Description	DAMAGE	Delivery Receipt Number	11004/59248		
II. Visual Reference (Defect Illustration)					
GOOD			NO GOOD		
<div style="border: 1px solid green; padding: 10px; width: fit-content;"> ITEM SHOULD BE NO DAMAGE IN ACTUAL APPERANCE AS GOOD CONDITION AND TOLERANCE </div>					
III. Documented Information Review (To be filled out by QA Line leader)					
Related Doc. Info. Control Number		Requirement:	ITEM SHOULD BE IN GOOD CONDITION NO OCCURRENCE OF DAMAGE		
<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:	DAMAGE ON ACTUAL/ APPEARANCE OCCUR DURING MANUAL DETACHING		
		Conclusion and Recommendation:	INFORM THE PIC/LEADER ABOUT THE REJECT ENCOUNTERED <div style="float: right;"> <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable </div>		
IV. Initial Disposition (To be filled out by ME Department If Needed)			V. Final Disposition		
<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:			Person In Charge	Target Date	Signature
			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	
R. BISCOCHO	J. ORTILLA				
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

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	

*Note: All details must be filled out completely.
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