
 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No.	
				AR2025-06-026	




I. Item Information					
Item Code	D02Y4T001	Customer	BROTHER		
Item Description	PRINTED CARTON	Delivery Date	250611		
Inspection Date	250610	Inspection Time	9PM		
Lot Quantity	2,100 PCS	Job Order Number	JO25-M-01987-58		
Affected Quantity	65 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	3.10%      30,952 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2		
Problem Description	POOR PRINT	Delivery Receipt Number	N/A		

II. Visual Reference (Defect Illustration)	
NO POOR PRINT	

III. Documented Information Review (To be filled out by Qa Line Leader)			
Related Doc. Info.	Control Number	Requirement:	POOR PRINT NOT ACCEPTABLE ON CLASS A
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	WITH POOR PRINT
<input checked="" type="checkbox"/> Technical Drawing :	BIP-0616-01		
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010		
<input checked="" type="checkbox"/> Job Order :	JO25-M-01987-58	Conclusion or Recommendation:	REJECT <div style="float: right;"> <input checked="" type="checkbox"/> Applicable  <input type="checkbox"/> Not Applicable         </div>
<input checked="" type="checkbox"/> Reports :	AR2025-06-026		
<input checked="" type="checkbox"/> Defect Limit :	BIPH 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	If item is for sorting, for backload, or for rework, fill-out below,		
<input type="checkbox"/> Backload		<input type="checkbox"/> Good	Person In Charge	Target Date	Signature
		<input type="checkbox"/> For Sorting			
		<input type="checkbox"/> For Rework			

Remarks:		JUDGEMENT <small>(If subject is for issuance of IRF / CAR)</small> <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. PALIMA	 A. FILIPINAS		 M. CASILLANO	
QA Inspector	QA Line 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	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		



forms - 06-010

04

788



Kanepackage Philippine Inc.

PR-001-F12-REV.00

MEMO: - None -

# JOB ORDER

Labay, Menchie

SO #: SO25-M-01987

Customer : BROTHER INDUSTRIES (PHILS.), INC.

ITEM CODE: **D02Y4T001**

Netsuite Itemcode : D02Y4T001

JOB ORDER:

JO25-M-01987-58



Item Description : PRINTED CARTON E115B CHN

QTY: **2100**

DELIVERY DATE:  
2025-06-11

CREATED BY:  
Javier, Charlotte Nicole

DATE RELEASED:  
2025-06-04

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
475X728 EF NPK170	2100	20	475X728 EF	2120	205290	P.W

Tooling Reference # 5-49

Control/Batch #:

RM Issued By:

6-9-25

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	06/09	JAMM	meu/g	2120					
2. DIECUT S1700	6/9	WJ		2114		4			
3. DETACHING 1	6/10	DS	JMS 06/09	2114					
4. GLUING SD 1800	6/10	Rin Anu Nelson		2,099		15			
5. LOT NUMBERING	6/10		JPH	2000			45		
6. SCREENING	6/10		Jeremy	2034			65		
7.									
8.									
9.									

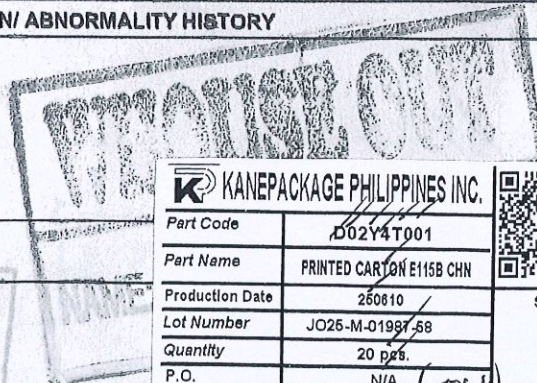
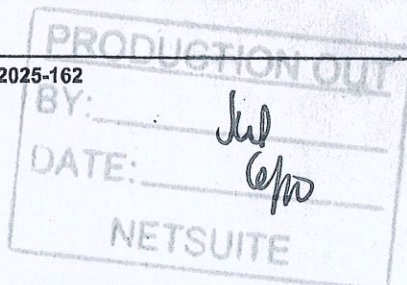
## REJECTION/ ABNORMALITY HISTORY

Customer Claim:

Notes:

REMARKS

PROD PLAN: ADD #0 PLAN 2025-162



KANEPACKAGE PHILIPPINES INC.

Part Code	D02Y4T001
Part Name	PRINTED CARTON E115B CHN
Production Date	250810
Lot Number	JO25-M-01987-58
Quantity	20 pgs.
P.O.	N/A
Mold No./Cavity	N/A
Operator	QA-QG3304
Remarks	MP



STAMP

STAMP















# **SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)**

Control No.  
**SQB-06-000788**

## **I. Item Information**

Customer	BROTHER INDUSTRIES (PHILS.), INC.	Inspection Date	230610	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date	250611	
Item Code	D02Y4T001	Job Order No.	JO25-M-01987-58	
Item Description	PRINTED CARTON E115B CHN	Job Order Qty.	210	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	02	Delivery Receipt No.	205290	
External Provider	pu	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing	
			<input type="checkbox"/> SD1800	

## **II. Dimensional Inspection**

Time Conducted Sample #1: 7:00			Time Conducted Sample #2: 7:30			Time Conducted Sample #3: 8:00					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	284	+2mm	284	284	284	16					
2	284		284	284	284	17					
3	284		284	284	284	18					
4	15	+5mm	15	15	15	19					
5	15		15	15	15	20					
6	15		15	15	15	21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Measuring Tool Used:	<input checked="" type="checkbox"/> Meter Tape	<input type="checkbox"/> Moisture Content Tester	<input type="checkbox"/> Zahn Cup	<input type="checkbox"/> Stopwatch	Control Number of Measuring Tool Used: 20240310K
	<input type="checkbox"/> Thickness Gauge	<input type="checkbox"/> Weighing Scale	<input type="checkbox"/> Steel Ruler	<input type="checkbox"/> 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				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							
Uneven Kraft liner				C. CORRUGATED PALLET	In-house	External Provider	Total Quantity
Warping				Color of Carton (Discoloration)	N/A	N/A	N/A
Cracking on edge				Flute of Material	N/A	N/A	N/A
Bursting / Bursting on Edge (Crowfeet)				Type of Adhesion	N/A	N/A	N/A
Wrong die-cut orientation				Adhesion of Runner	N/A	N/A	N/A
Inverted die-cut				Rusty Wire	N/A	N/A	N/A
Close Gap/ Wide Gap				Wrong Orientation	N/A	N/A	N/A
Print Color : _____				Damages: _____	N/A	N/A	N/A
Missing Print/ Character				Others : _____	N/A	N/A	N/A
Blotted Print							
Smeared Print				D. MOULDED ITEMS	In-house	External Provider	Total Quantity
Other Print Defect : <u>Poor print</u>	05		05	Poor Fusion	N/A	N/A	N/A
Linemark				Chip Off	N/A	N/A	N/A
Fish-eye				Warp / Deform	N/A	N/A	N/A
Stain : _____				Crack	N/A	N/A	N/A
Excess Glue				Broken	N/A	N/A	N/A
Gluing Defect : _____				Scratches	N/A	N/A	N/A
Worn-out				Foreign Materials	N/A	N/A	N/A
Dent				Wet / Moist	N/A	N/A	N/A
Punctured				Dirt	N/A	N/A	N/A
Tear-off				Stain : _____	N/A	N/A	N/A
Peel-off				Discoloration	N/A	N/A	N/A
Damages : _____				Excess Flashes	N/A	N/A	N/A
Others : _____				Others : _____	N/A	N/A	N/A


765








Joint Flap		Judgement		Type of Material		Judgement			
Requirement		Actual	Good	No Good	Requirement		Actual	Good	No Good
GLUED (Inside or Outside)	inside	inside	✓		Corrugated	WPK120	WPK120	✓	
					Flute	EP	EP	✓	
STITCHED (Inside or Outside)	W/P				Others	W/P			W/P

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
1. 1/2			W/O	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

VI. Inspection Result			VII. Sampling Inspection Result		
Total Qty Inspected	2,049	<b>Defect Rate Formula:</b> $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$ <b>PPM Formula:</b> $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$	Total Sampling Qty Inspected		
Total Qty Good	2,034		Total Sampling Qty Good		
Total Qty NG	15		Total Sampling Qty NG		
Defect Rate	in % 3.09% in PPM 3,096,712.74ppm		Defect Rate	in % in PPM	

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.: <u>111111-111-011</u>	

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (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:
	Good	No-Good	
Total			

Verified by (Signature over Printed Name)

\_\_\_\_\_

R&R Staff

Received by (Signature over Printed Name)

\_\_\_\_\_

QA Inspector

[illegible]