

		<h1 style="margin: 0;">ABNORMALITY REPORT</h1>		Control No.	
				AR-10-0005	
I. Item Information					
Item Code	5163364-00	Customer	EPSON PRECISION (PHILIPPINES), INC. - IJP		
Item Description	MUFFIN CARTON BOX, CK81010	Delivery Date	2025/10/06		
Inspection Date	2025/10/02	Inspection Time	0200H - 0230H		
Lot Quantity	600	Job Order Number	1. JOL-0016992		
Affected Quantity	24	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	4.00% 40,000 PPM	Date Received	2025/10/01		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING QA/ SHIFT B		
Problem Description	DAMAGE		Delivery Receipt Number	18242/61045	
II. Visual Reference (Defect Illustration)					
GOOD			NO GOOD		
<div style="border: 1px solid green; padding: 10px; margin-bottom: 10px;"> ITEM SHOULD BE NO DAMAGE IN ACTUAL APPEARANCE AS GOOD CONDITION AND TOLERANCE </div>					
III. Documented Information Review (To be filled out by QA Line leader)					
Related Doc. Info. Control Number <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 : _____		Requirement: ITEM SHOULD BE IN GOOD CONDITION NO OCCURRENCE OF DAMAGE Actual: DAMAGE ON ACTUAL/ APPEARANCE OCCUR DURING MANUAL DETACHING Conclusion and Recommendation: INFORM TO PIC/LEADER ABOUT THE PROBLEM ENCOUNTERED AWARENESS OF PROPER HANDLING DURING MANUAL DETACHING	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable		
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 Person In Charge Target Date Signature <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework		
Remarks: MANUAL DETACHING/ SHIFT B (2025/10/02)			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)	
S. BASMAN		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	
		<input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need			
		Final Disposition			
		<input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____			

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.
Submit this form to Line Leader immediately after accomplishment.*