

 KANEPACKAGE PHILIPPINE INC.		<h1 style="text-align: center;">ABNORMALITY REPORT</h1>		Control No.	
				AR-11-0003	
<b>I. Item Information</b>					
Item Code	5147238-00	Customer	EPSON PRECISION (PHILIPPINES), INC.- IJP		
Item Description	OUTER CARTON BOX	Delivery Date	2025/10/05		
Inspection Date	2025/11/04	Inspection Time	1135H - 1510H		
Lot Quantity	2000	Job Order Number	1.JOL-0018885                      2.		
Affected Quantity	80	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	4.00%                      40,000 PPM	Date Received	2025/11/04		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SA2600/SHIFT B		
Problem Description	<b>BURSTING</b>	Delivery Receipt Number	369035		
<b>II. Visual Reference (Defect Illustration)</b>					
GOOD			NO GOOD		
<div style="border: 1px solid green; padding: 5px; margin-bottom: 5px;">           ITEM SHOULD BE NO BURSTING IN ACTUAL APPERANCE AS GOOD CONDITION AND TOLERANCE         </div> 					
<b>III. Documented Information Review (To be filled out by QA Line leader)</b>					
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 <b>BURSTING</b>			
		Actual: <b>BURSTING ON ACTUAL / APPEARANCE</b>			
		Conclusion and Recommendation: <b>CHECK THE PROCESS FOR WHAT IS THE POSSIBLE CAUSE OF THAT REJECT AND HOW IT OCCURRED</b>	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable		
<b>IV. Initial Disposition (To be filled out by ME Department If Needed)</b>			<b>V. Final Disposition</b>		
<input type="checkbox"/> Good <input type="checkbox"/> Conditional (Please indicate details) <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Backload			<input 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:  <b>453 x 1622 CBF</b> <b>TX175/CM125x3/TX175</b>			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	
J.ESLANAN	R.MANALO				
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.*

 KANEPACKAGE PHILIPPINE INC.				<h1 style="text-align: center;">ABNORMALITY REPORT</h1>				
<b>V. Sorting Instructions</b>								
<b>VI. Sorting Details</b>								
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								
<b>VII. Warehouse Details (To be filled out by QA Line Leader If needed)</b>								
	Reason			Total Quantity	Remarks		Received by	
Pull-Out								
For Transfer								
<b>VIII. Reworking Instructions</b>								
<b>IX. Reworking Result</b>								
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			
<b>X. Reinspection Result</b>								
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	