

KANEPACKAGE PHILIPPINE INC.		<h1 style="margin: 0;">ABNORMALITY REPORT</h1>		Control No. <h2 style="margin: 0;">AR2025-07-013</h2>	
I. Item Information					
Item Code	D02RN1001	Customer	BROTHER INDUSTRIES		
Item Description	CARTON DEV UNIT ELLE X3	Delivery Date	250704		
Inspection Date	250703	Inspection Time	12:30 AM		
Lot Quantity	1,000 PCS	Job Order Number	JO25-M-02256-32		
Affected Quantity	40 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	4.00% 40,000 PPPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 5		
Problem Description	MISALIGNED PRINT	Delivery Receipt Number	N/A		
II. Visual Reference (Defect Illustration)					
GOOD			NO GOOD		
III. Documented Information Review (To be filled out by Qa Line Leader)					
Related Doc. Info.		Control Number	Requirement: NO MISALIGN PRINT		
<input checked="" type="checkbox"/> Procedure Manual :		PM-QA-018	Actual: WITH MISALIGNED PRINT		
<input checked="" type="checkbox"/> Technical Drawing :		BIP-0645-01AB			
<input checked="" type="checkbox"/> Work Instruction :		WI-QA-001-010	Conclusion or Recommendation: REJECT <div style="float: right;"> <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable </div>		
<input checked="" type="checkbox"/> Job Order :		JO25-M-02256-32			
<input checked="" type="checkbox"/> Reports :		AR2025-07-013			
<input checked="" type="checkbox"/> Defect Limit :		BROTHER 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			
<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	Person In Charge	Target Date	Signature
Remarks:			JUDGEMENT (If subject is for issuance of IRF / CAR) <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	
K. MARAVILLA QA Inspector	J. RELLORA QA Line Leader	ME Head	M. CASILLANO 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

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		

Kanepackage Philippine Inc.


PR-001-F12-REV.00

MEMO: JULY 2025 PLAN

JOB ORDER

Labay, Menchie

SO # : SO25-M-02256

Customer : BROTHER INDUSTRIES (PHILS.), INC.		JOB ORDER:		
ITEM CODE: D02RN1001 Netsuite Itemcode : D02RN1001		JO25-M-02256-32		
Item Description : CARTON DEV UNIT ELLE X3				
QTY: 1000	DELIVERY DATE: 2025-07-04	CREATED BY: JECOL BALINGBING BUCE	DATE RELEASED: 2025-06-27	

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
1160X1581 CF NPK180	500	0	N/A	570	6206590	FW

Tooling Ref# CYREL-G/ BLADE-E-2-CYREL-60B/ BLADE-43 Ctrl/Batch #:

RM Issued By:

[illegible]

REJECTION/ ABNORMALITY HISTORY

Customer Claim:

Notes:

WITH OCCURRENCE OF POOR PEST DURING PUNISHING IN PUNISH
 REMARKS DUE TO GIVE ATTACHED ON OTHER IMAGE. IN USED "TONE"
 PROD PLAN: ADD #0 PLAN 2025-185 - P. RANISYO 200702


PROD PLAN: ADD #0 PLAN 2025-185

- P. R. K. N. S. 250702

PRODUCTION OUT

BY:

DATE _____

K KANEPACKAGE PHILIPPINES INC.		 STAMP 7/30
Part Code	D02RM180X	
Part Name	CARTON DEV UNIT ELLE (X3)	STAMP 7/30
Production Date	250703	
Lot Number	J025-M-02256-32	STAMP 7/30
Quantity	10 pcs.	
P.O.	N/A	STAMP 7/30
Mold No./Cavity	N/A	
Operator	QA-KP892	STAMP 7/30
Remarks	MP	



KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-07-000278

I. Item Information

Customer	BROTHER INDUSTRIES (PHILS.), INC.	Inspection Date	2503	Shift:	<input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date	250704		
Item Code	D02RN1001	Job Order No.	JO25-M-02256-32		
Item Description	CARTON DEV UNIT ELLE X3	Job Order Qty.	1,000		
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling		
Drawing Revision No.	00	Delivery Receipt No.	0206596		
External Provider		Gluing Process	<input type="checkbox"/> Manual Gluing <input checked="" type="checkbox"/> Semi-Auto Gluing		
			<input type="checkbox"/> SD1800		

II. Dimensional Inspection

Time Conducted Sample #1: 0030						Time Conducted Sample #2: 0100						Time Conducted Sample #3: 0130					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3						
1	380	±5	385	385	385	16											
2	300	±5	305	305	305	17											
3	180	±5	185	185	185	18											
4	10	±5	10	10	10	19											
5	25	±5	25	25	25	20											
6						21											
7						22											
8						23											
9						24											
10						25											
11						26											
12						27											
13						28											
14						29											
15						30											

Measuring Tool Used:	<input 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:
	<input type="checkbox"/> Thickness Gauge	<input type="checkbox"/> Weighing Scale	<input type="checkbox"/> Steel Ruler	<input type="checkbox"/> Caliper	250 25-M03100

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				C. CORRUGATED PALLET	In-house	External Provider	Total Quantity
Uneven Kraft liner				Color of Carton (Discoloration)	N/A	N/A	N/A
Warping				Flute of Material	N/A	N/A	N/A
Cracking on edge				Type of Adhesion	N/A	N/A	N/A
Bursting / Bursting on Edge (Crowfeet)				Adhesion of Runner	N/A	N/A	N/A
Wrong die-cut orientation				Rusty Wire	N/A	N/A	N/A
Inverted die-cut				Wrong Orientation	N/A	N/A	N/A
Close Gap/ Wide Gap				Damages:	N/A	N/A	N/A
Print Color:				Others:	N/A	N/A	N/A
Missing Print/ Character				D. MOULDED ITEMS	In-house	External Provider	Total Quantity
Blotted Print				Poor Fusion	N/A	N/A	N/A
Smeared Print				Chip Off	N/A	N/A	N/A
Other Print Defect: misaligned	90		90	Warp / Deform	N/A	N/A	N/A
Linemark				Crack	N/A	N/A	N/A
Fish-eye				Broken	N/A	N/A	N/A
Stain:				Scratches	N/A	N/A	N/A
Excess Glue				Foreign Materials	N/A	N/A	N/A
Gluing Defect:				Wet / Moist	N/A	N/A	N/A
Worn-out				Dirt	N/A	N/A	N/A
Dent				Stain:	N/A	N/A	N/A
Punctured				Discoloration	N/A	N/A	N/A
Tear-off				Excess Flashes	N/A	N/A	N/A
Peel-off				Others:	N/A	N/A	N/A
Damages:							
Others:							

SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)


Joint Flap		Judgement		Type of Material			
Requirement	Actual	Good	No Good	Requirement	Actual	Judgement	
						Good	No Good
GLUED (Inside or Outside)	Inside / Inside	/		Corrugated	up to 180	up to 180	/
				Flute	CF	CF	/
STITCHED (Inside or Outside)	X		/	Others	X		/

IV. Destructive Test (Based on Customer Requirement)

IV. Destructive Test (Based on Customer Requirement)

Requirement	Actual	Good	No Good
6		✓	

V. Barcode Print (If Only with Printed Barcode on Item)

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

VI. Inspection Result

Total Qty Inspected	1000
Total Qty Good	960
Total Qty NG	40
Defect Rate in %	4.00%
in PPM	4000 ppm

Defect Rate Formula:

$$\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$$

PPM Formula:

$$\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$$

VII. Sampling Inspection Result




Total Sampling Qty Inspected	
Total Sampling Qty Good	
Total Sampling Qty NG	
Defect Rate	in %
	in PPM

VIII. Disposition

☐ Good ☐ For Special Acceptance
☐ Backload ☐ Conditional (Please indicate details)
☐ For Sorting
☐ For Rework

Abnormality Report Control No.: AK9025-13-612

IX. Remarks

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:	Verified by (Signature over Printed Name)	
	Good	No-Good			
Total					

XI. Overall Inspection Time

CORRUGATED AND MOULDED ITEMS

[illegible]

Q. 25

18000