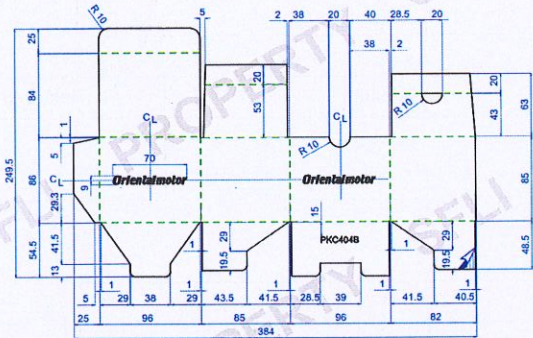

 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No.	
				AR2025-07-048	

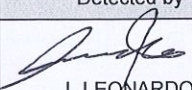
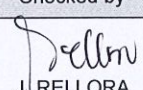
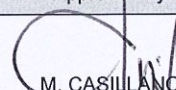
I. Item Information					
Item Code	PKC404B-B	Customer	SUPERFLEX (KOYAMA)		
Item Description	INNER BOX	Delivery Date	250712		
Inspection Date	250712	Inspection Time	7:00 AM		
Lot Quantity	4,520 PCS	Job Order Number	JO25-M-02428-3		
Affected Quantity	180 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	3.98%      39,823 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2		
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 :	KOY-0091-01AB				
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010				
<input checked="" type="checkbox"/> Job Order :	JO25-M-02428-3	Conclusion or Recommendation:	REJECT <span style="float: right;"><input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable</span>		
<input checked="" type="checkbox"/> Reports :	AR2025-07-048				
<input checked="" type="checkbox"/> Defect Limit :	GENERAL 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	
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Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
 I. LEONARDO	 J. RELLORA		 M. CASILLANO	
QA Inspector	QA Line Leader	ME Head	QA Head	QA Staff

Important: Backloading Policy (External Provider Rejects)		Evaluation	Approved by	Final Disposition
Rejection rate that is more than 80% of the total quantity shall be approved by Top Management before backloading.		<input type="checkbox"/> <80% No Need	Top Management	<input type="checkbox"/> Backload
		<input type="checkbox"/> >80% Need		<input type="checkbox"/> Accept
				<input type="checkbox"/> Other _____

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.

# JOB ORDER

OK 400 X3  
1120  
960  
1050

MEMO: KOYAMA

1669

PR-001-F12-REV.00

Maria Cecilia Salmorin Boncalos  
SO #: SO25-M-02428

Customer: SUPER FLEX LOGISTIC INC.

ITEM CODE: **PKC404B-B**

Netsuite Itemcode: PKC404B-B

Item Description: PKC404B-B INNER BOX

JOB ORDER:

JO25-M-02428-3



QTY: **4600**

DELIVERY DATE:

2025-07-12

CREATED BY:

Tuiza, Jecille Maduro

DATE RELEASED:

2025-07-09

Raw Material Code:

Qty To  
Be Used:

Over  
Run:

Cut  
Size:

Actual  
Issued:

DR#:

SUPPLIER:

095X855 EF TX200

1150

5

N/A

1155

362133

S.C.P

Tooling Ref# -

0-8-240

Ctrl/Batch #:

RM Issued By:

7.10-25

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	7/10	PEMER	7/10	1154	2	1			
2. DIECUT ETERNA	07/11	GBJ	Gleaman 7/11	1,138	2	12			
3. DETACHING 1	07/11	NS	mgk	4,550	G	R			
4. GLUING SD 1800	7/11	Jessa Regina Dina	mgk 280710	4520	G	R			
5. LOT NUMBERING	7/11		(Sh)	11000	G	R			
6. SCREENING	7/11		Ian Lee Jay	4330	G	R			
7.									
8.									
9.									

QA INPUT DATE	280712
TIME	10:34
QTY	4500
QA OUTPUT DATE	280712
TIME	10:34
QTY	4330
WIP REJECT DATE	280712
TIME	10:34
QTY	190

Customer Claim:

Notes:

## REJECTION/ABNORMALITY HISTORY

REMARKS

PROD PLAN: ADD #6 PLAN 2025-193

KANEPACKAGE PHILIPPINE, INC.

CUSTOMER

SUPERFLEX LOGISTICS INC.

ITEM CODE

PKC404B-B

ITEM DESCRIPTION

INNER BOX

Lot NO.

250712-JO25-M-02428-3

QUANTITY

400 pcs.

RoHS OK

QA-CG3148

MP

PASSED INSPECTION









KANEPACKAGE PHILIPPINE INC.

# SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-07-001009

## I. Item Information

Customer	SUPERFLEX	Inspection Date	750712	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	LAGUNA	Delivery Date	250712	
Item Code	PKC404B-B	Job Order No.	JO25-M-02428-3	
Item Description	PKC404B-B INNER BOX	Job Order Qty.	4,600	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	00	Delivery Receipt No.	362433	
External Provider	SLP	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing	
			<input checked="" type="checkbox"/> SD1800	

## II. Dimensional Inspection

Time Conducted Sample #1: 6:20			Time Conducted Sample #2: 8:00			Time Conducted Sample #3: 8:20					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	95	7	95	95	95	16					
2	81	1	81	81	81	17					
3	81	1	81	81	81	18					
4	15	3	15	15	15	19					
5						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 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:
	<input type="checkbox"/> Thickness Gauge	<input type="checkbox"/> Weighing Scale	<input type="checkbox"/> Steel Ruler	<input type="checkbox"/> Caliper	M-M016-DVS

## 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	3		3	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	1-2	2	2	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: misalign print	180		180	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: oil stain	2		2	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	1		1	Stain:	N/A	N/A	N/A
Punctured				Discoloration	N/A	N/A	N/A
Tear-off	2		2	Excess Flashes	N/A	N/A	N/A
Peel-off				Others:	N/A	N/A	N/A
Damages:							
Others:							

Total = 190



## SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Joint Flap		Judgement		Type of Material			
Requirement	Actual	Good	No Good	Requirement		Actual	Judgement
GLUED (Inside or Outside)	INSIDE	/		Corrugated	TRUSS	TRUSS	/
				Flute	GF	GF	/
STITCHED (Inside or Outside)	NB			Others		NB	

#### IV. Destructive Test (Based on Customer Requirement)

Requirement	Actual	Good	No Good
	N/A		

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

Scan 1	D/B	<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	4510	Defect Rate Formula:
Total Qty Good	4330	Total Quantity NG
Total Qty NG	190	Total Qty. Inspected x 100
Defect Rate in %	9.20%	PPM Formula:
Defect Rate in PPM	920354	Total Quantity NG
		Total Qty. Inspected x 1,000,000

## VII. Sampling Inspection Result

Total Sampling Qty Inspected	
Total Sampling Qty Good	
Total Sampling Qty NG	N/A
Defect Rate in % in PPM	

## VIII. Disposition

☒ Good  
☐ Backload  
☐ For Sorting  
☐ For Rework

☐ For Special Acceptance  
☐ Conditional (Please indicate details)

Abnormality Report Control No.: AR2025-67-048

## IX. Remarks

IX. Remarks	

Inspected by <i>I. Leonardo</i> QA Screening Inspector	Checked by <i>J. Allen</i> QA Line Leader	Approved by (If there are major concerns)  QA Supervisor / QA Asst. Supervisor	Verified by (If there are major concerns)  QA Head
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## 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]