

ABNORMALITY REPORT

Control No.

AR-03-0070

I. Item Information

Item Code	5158432-00 (BARCODED)	CUSTOMER	EPSON PRECISION (PHILIPPINES), INC.- ASP/EPL
Item Description	INDIVIDUAL BOX	Delivery Date	2026/04/07
Inspection Date	2026/03/26	Inspection Time	0630H - 0930H
Lot Quantity	1900	Job Order Number	1.JOL-0031381
Affected Quantity	73	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	3.84% 38,421 PPM	Date Received	2026/03/20
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	IN-PROCESS SD1800/ SHIFT A
Problem Description	MISALIGN PRINT	Delivery Receipt Number	79366

GOOD

NO GOOD



III. Documented Information Review (To be filled out by QA Line leader)

Related Doc. Info.	Control Number	Requirement:	ITEM SHOULD BE IN GOOD CONDITION NO OCCURRENCE OF MISALIGN PRINT
<input type="checkbox"/> Procedure Manual :		Actual:	MISALIGN PRINT ON ACTUAL/ APPEARANCE OCCUR DELAYED FEEDING IN EQOS DURING MAS PRODUCTION W/ MOVEMENT
<input type="checkbox"/> Technical Drawing :		Conclusion and Recommendation:	INFORM TO PIC/ LEADER ABOUT THE PROBLEM ENCOUNTERED
<input type="checkbox"/> Work Instruction :			<input type="checkbox"/> Applicable
<input type="checkbox"/> Job Order :			<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Reports :			
<input type="checkbox"/> Defect Limit :			

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"/> Conditional (Please indicate details)
<input checked="" 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
		<input type="checkbox"/> For Sorting	Target Date
		<input type="checkbox"/> For Rework	Signature

Remarks:	JUDGEMENT <i>(If subject is for issuance of IRF / CAR)</i>
IN-PROCESS EQOS (2026/03/25)	<input type="checkbox"/> FOR 5 WHY ISSUANCE
IN-HOUSE REJECTION	<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. HERNANDEZ	J. ORTILLA			
QA Inspector	QA Line Leader	ME Head	QA Head	QA Staff

<p>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.</p>	Evaluation	Approved by	Final Disposition
	<input type="checkbox"/> <80% No Need		<input type="checkbox"/> Backload
	<input type="checkbox"/> >80% Need	Top Management	<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.

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.
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