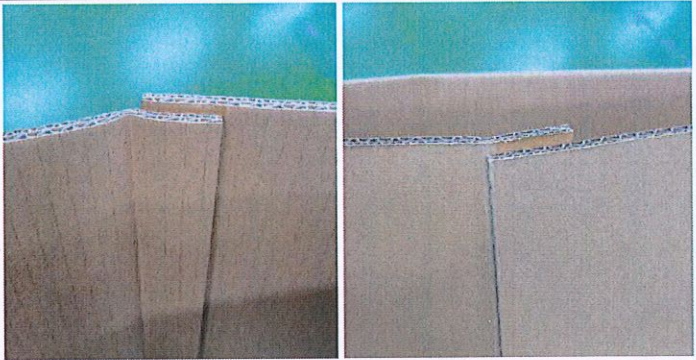
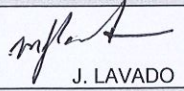
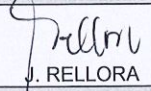
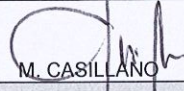
 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No. AR2025-07-049							
I. Item Information											
Item Code	RX1-5732-000	Customer	CBMP								
Item Description	Z10_SLEEVE S	Delivery Date	250714								
Inspection Date	250712	Inspection Time	12:30 PM								
Lot Quantity	490 PCS	Job Order Number	JO-F-25-846-3								
Affected Quantity	24 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:								
Rejection Rate and PPM	4.89% 48,979 PPM	Date Received	N/A								
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 3								
Problem Description	MISALIGNED GLUE	Delivery Receipt Number	N/A								
II. Visual Reference (Defect Illustration)											
GOOD		NO GOOD									
NO MISALIGN GLUE											
III. Documented Information Review (To be filled out by Qa Line Leader)											
Related Doc. Info.		Control Number	Requirement:	NO MISALIGN GLUE							
<input checked="" type="checkbox"/> Procedure Manual :		PM-QA-018	Actual:	WITH MISALIGNED GLUE							
<input checked="" type="checkbox"/> Technical Drawing :		CBM-0450-01AF-06									
<input checked="" type="checkbox"/> Work Instruction :		WI-QA-001-010									
<input checked="" type="checkbox"/> Job Order :		JO-F-25-846-3	Conclusion or Recommendation:	<input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable							
<input checked="" type="checkbox"/> Reports :		AR2025-07-049									
<input checked="" type="checkbox"/> Defect Limit :		CBMP 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		<input type="checkbox"/> Good									
		<input type="checkbox"/> For Sorting									
		<input type="checkbox"/> For Rework									
Remarks:		If item is for sorting, for backload, or for rework, fill-out below, <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Person In Charge</th> <th>Target Date</th> <th>Signature</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				Person In Charge	Target Date	Signature			
Person In Charge	Target Date	Signature									
		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							
 J. LAVADO	 J. RELLORA		 M. CASILLANO								
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	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: - None -

Tiquis, Jelica Reney
SO #: TO-F-25-846

JOB ORDER

Customer : CANON BUSINESS MACHINE PHILS.

ITEM CODE: **RX1-5732-000-RMFG**

Netsuite Itemcode : RX1-5732-000-RMFG

JOB ORDER:

JO-F-25-846-3



Item Description : Z10 SLEEVE S

QTY: **800**

DELIVERY DATE:
2025-07-14

CREATED BY:
Pallermo, Arlene Gonzales

DATE RELEASED:
2025-07-07

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
393x1917 K337	800		N/A	800	2025-07-02	KH1

Tooling Ref# -

Ctrl/Batch #:

RM Issued By: *[Signature]*

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. GLUING MANUAL					G	R			
2. LOT NUMBERING					G	R			
3. SCREENING	07/12		JUANADO	450	G	R	40		
4.					G	R			
5.					G	R			
6.					G	R			
7.									
8.									
9.									

REJECTION/ ABNORMALITY HISTORY

Customer Claim:

Notes:

REMARKS

PROD PLAN: ADD #0 PLAN 2025-195

WHOLESALE

KANEPACKAGE PHILIPPINE, INC. REV.00
CUSTOMER: CANON BUSINESS MACHINE PHILS. INC.
ITEM CODE: RX1-5732-000
ITEM DESCRIPTION: Z10 SLEEVE S
ITEM SIZE: 393x1917
LOT NUMBER: 393x1917 K337
7/12 RGH OK

SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-07-001013

I. Item Information

Customer	CANON BUSINESS MACHINE PHILS.	Inspection Date	2.07.12	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	250714	
Item Code	RX1-5732-000-RMFG	Job Order No.	JO-F-25-846-3	
Item Description	Z10 SLEEVE S	Job Order Qty.	800	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	06	Delivery Receipt No.	20259002	
External Provider	KPH	Gluing Process	<input checked="" type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing	
			<input type="checkbox"/> SD1800	

II. Dimensional Inspection

Time Conducted Sample #1: 12:00			Time Conducted Sample #2: 1:00			Time Conducted Sample #3: 1:10					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	481	+5 -2	481	481	481	16					
2	441		441	441	441	17					
3	393		393	393	393	18					
4						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: 11-2052-220
<input type="checkbox"/> Thickness Gauge	<input type="checkbox"/> Weighing Scale	<input type="checkbox"/> Steel Ruler	<input type="checkbox"/> Caliper	

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				C. CORRUGATED PALLET	In-house	External Provider	Total Quantity
Uneven Kraft liner				Color of Carton (Discoloration)	N/A	N/A	N/A
Warpage				Flute of Material	N/A	N/A	N/A
Cracking on edge	N			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 :				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	2		2	Excess Flashes	N/A	N/A	N/A
Peel-off	1		1	Others :	N/A	N/A	N/A
Damages : overlaps	9		9				
Others : miss align glue	24		24				

Extra fold


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	inside	✓		Corrugated	K337	K337	✓
					Flute	ABF	ABF	✓
STITCHED (Inside or Outside)	N/A				Others	N/A	N/A	

IV. Destructive Test (Based on Customer Requirement)

Requirement	Actual	Good	No Good
N 7			

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	490
Total Qty Good	450
Total Qty NG	40
Defect Rate in %	8.16 %
in PPM	81632 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	N/A
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.: A

IX. Remarks

1. Remarks 	
---------------------------	--

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
J. Lanza	S. Allen		
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]