
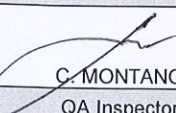
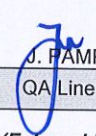
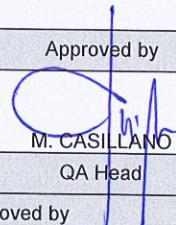


K/NEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No. AR2025-08-034							
I. Item Information											
Item Code	HP33D1057-1	Customer	KOWA-EMORI								
Item Description	CARTON BOX	Delivery Date	250812								
Inspection Date	250813	Inspection Time	1000H								
Lot Quantity	2046 pcs.	Job Order Number	JO25-M-02512-42								
Affected Quantity	55 pcs.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:								
Rejection Rate and PPM	2.68% 26,881.72 PPM	Date Received	N/A								
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 4								
Problem Description	MISALIGN PRINT	Delivery Receipt Number	N/A								
II. Visual Reference (Defect Illustration)											
GOOD			NO GOOD								
NO MISALIGN PRINT											
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: W/ MISALIGN PRINT								
<input checked="" type="checkbox"/> Technical Drawing :	EMO-0098-01AB-06										
<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-02512-42										
<input checked="" type="checkbox"/> Reports :	AR2025-08-034										
<input checked="" type="checkbox"/> Defect Limit :	KEP 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 type="checkbox"/> Rejected <input type="checkbox"/> Backload		<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Conditional (Please indicate details) <input type="checkbox"/> Backload <input type="checkbox"/> Good <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework									
		If item is for sorting, for backload, or for rework, fill-out below, <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">Person In Charge</td> <td style="width:33%; border-bottom: 1px solid black;">Target Date</td> <td style="width:33%; border-bottom: 1px solid black;">Signature</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>				Person In Charge	Target Date	Signature			
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							
 C. MONTANO QA Inspector	 J. PAMPLONA 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.

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								

	Reason	Total Quantity	Remarks	Received by
<input type="checkbox"/> Pull-Out				
<input type="checkbox"/> For Transfer				

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		



K Kanepackage Philippine Inc.

1175

PR-001-F12-REV.00

MEMO: - None -

JOB ORDER

Dela Cerna, Jessa Mae
SO #: SO25-M-02512

Customer: KOWA-EMORI PHILIPPINES, INC.

ITEM CODE: HP33D1057-1

Netsuite Itemcode: HP33D1057-1

JOB ORDER:

JO25-M-02512-42



Item Description: CARTON BOX

QTY: 3000	DELIVERY DATE: 2025-08-12	CREATED BY: Palermo, Arlene Gonzales	DATE RELEASED: 2025-08-05
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Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
720X797 BF TX200	1500	10	N/A	1510	1510	FW

E51-2

29-19-219

F-32B R-1P-34

Tooling Ref# CYREL F/ BLADE 39-CYREL 32B/ SLOT 19

Ctrl/Batch #:

RM Issued By:

Elmer 8/8

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	8/8	PEMW	7/8/8	1510	2				
2. DIECUT ETERNA	08/08	GHB	7/8/8	1,565	2	3			
3. GLUING CONVEYOR 1	8-12	mjm.SJA		12049					first glue 2046
4. LOT NUMBERING									
5. SCREENING	8-13		CEZTK	1,900			46		
6.									
7.									
8.									
9.									

REJECTION/ ABNORMALITY HISTORY

Customer Claims:

Notes: IN-HOUSE REJECTION HISTORY: extra fold, misaligned print, Misaligned glue 75/2100 (230530);

KOWA-EMORI PHILIPPINES INC.

Item Code:
HP33D1057-1Quantity:
10 pcs.Item Description:
CARTON BOXSupplier's QC
PASSED
INSPECTION
RoHS OK
QA-CG234
MPLot No. / Ref. NO.
250813-02512-42

KANEPACKAGE PHILIPPINE INC.

REMARKS

PROD PLAN: ADD #0 PLAN 2025-224

046 to QA- sha

8/12

NAME: Cam

DATE: 8/8



KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-08-001175

I. Item Information

Customer	KOWA-EMORI PHILIPPINES, INC.	Inspection Date	8/8/17	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	250812	
Item Code	HP33D1057-1	Job Order No.	JO25-M-02512-42	
Item Description	CARTON BOX	Job Order Qty.	3,000	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	06	Delivery Receipt No.	15	
External Provider	pw	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing	
			<input type="checkbox"/> SD1800	

II. Dimensional Inspection

Time Conducted Sample #1: 10:10			Time Conducted Sample #2: 1:00			Time Conducted Sample #3: 2:30					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	103		103	102	103	16					
2	103	±2	104	103	103	17					
3	41		41	41	42	18					
4	14		14	14	14	19					
5	6	±5	6	6	6	20					
6	10		10	10	10	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	250812-01

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
Warpage				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:				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: Misaligned glue print				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:							



Joint Flap			Judgement		Type of Material			Judgement	
Requirement		Actual	Good	No Good	Requirement		Actual	Good	No Good
GLUED (Inside or Outside)	105	IDE	/		Corrugated	74200	TC200	/	
					Flute	BF	BF	/	
STITCHED (Inside or Outside)	2	1 m			Others	2	1 m		

IV. Destructive Test (Based on Customer Requirement)

Requirement	Actual	Good	No Good
1	1		

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	2046
Total Qty Good	1,900
Total Qty NG	146
Defect Rate in % in PPM	3.23 % / 32,250 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	2 / 17
Defect Rate in % in PPM	

VIII. Disposition

- ☒ Good ☐ For Special Acceptance
☐ Backload ☐ Conditional (Please indicate details)
☐ For Sorting
☐ For Rework
- Abnormality Report Control No.: 00

Abnormality Report Control No.: **PR2021-08-034**

IX. Remarks

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
C. MORTHERD			
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]