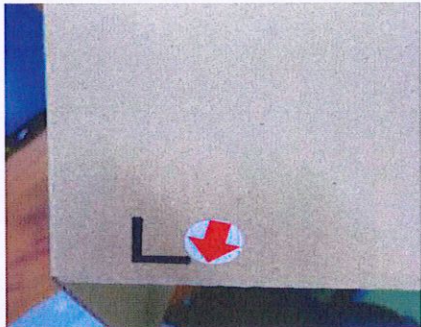


KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No. AR2025-09-015	
I. Item Information					
Item Code	00949344-01	Customer	SANYO DENKI		
Item Description	PRINT SPECIFICATION	Delivery Date	250903		
Inspection Date	250903	Inspection Time	3:30AM		
Lot Quantity	1,900 PCS	Job Order Number	JO25-M-02713-74		
Affected Quantity	69 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	3.63%      36,316 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2		
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:	10MM (TOLERANCE: +-3MM)	
<input checked="" type="checkbox"/> Procedure Manual :		PM-QA-018	Actual:	6MM	
<input checked="" type="checkbox"/> Technical Drawing :		SDP-0853-01			
<input checked="" type="checkbox"/> Work Instruction :		WI-QA-001-010			
<input checked="" type="checkbox"/> Job Order :		JO25-M-02713-74	Conclusion or Recommendation:	REJECT	
<input checked="" type="checkbox"/> Reports :		AR2025-09-015			
<input checked="" type="checkbox"/> Defect Limit :		SANYO DENKI DEFECT LIMIT			
				<input checked="" type="checkbox"/> Applicable	<input type="checkbox"/> Not Applicable
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:  - WITH EXISTING CUSTOMER CLAIM DUE TO MISALIGN TICKER GUIDE			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. ESPINOZA	A. FILIPINAS		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 <input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need	Approved by  Top Management	Final Disposition <input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other	



# 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.

MEMO: SERVO MOTOR

PR-001-F12-REV.00

## JOB ORDER

Santiago, Jhanine  
SO #: SO25-M-02713

Customer : SANYO DENKI PHILS INC

ITEM CODE: 00949344-01

Netsuite Itemcode : 00949344-01

JOB ORDER:

JO25-M-02713-74



Item Description : PRINT SPECIFICATION

QTY: 1900

DELIVERY DATE:

2025-09-03

CREATED BY:

Mendonez, Jhee Ann Manalo

DATE RELEASED:

2025-08-27

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
--------------------	-----------------	-----------	-----------	----------------	------	-----------

1080X805 BF TX200

634

5

N/A

630

208994

gw

Tooling Ref# B-10A P1 - P274

Ctrl/Batch #:

RM Issued By:

am 9/3

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	09/03	Jamm	mc 9/2	638	1	1			
2. DIECUT ETERNA	9/3	Offo Perced	Luxay 9/3	638	2				1700-1 / 9-3
3. DETACHING 1	9/3	NJ		1914	G	R			
4. GLUING SD 1800	9/3	Netto CES JESSA		1900	G	R			
5. LOT NUMBERING	9/3		Diane	1900	G	R			
6. SCREENING	09/03		May Jeff	760 1007	G	R	73		
7.									
8.									
9.									

Customer Claim: (A). Kallian: 03/20/19, (B). Problema: Misalign Print, (C). Ilang: 196 PCS., (D) Bakit: Ang materyales ay warp (&gt;15mm)

Notes: Ang QA at WHSE ay kailangan irecondition ang warp na materyales

REMARKS

PROD PLAN: ADD TO PLAN 2025-248

NETSUITE

SANYO DENKI PHILIPPINES INC.

Item Code

00949344-01

Quantity

10 pcs.

Item Description

BOX PRINT SPECIFICATION

Supplier's QC

PASSED INSPECTION

RoHS OK

QA-CG6126

MP

Lot No. / Ref. NO.

250903-02713-74

KANEPACKAGE PHILIPPINE INC.



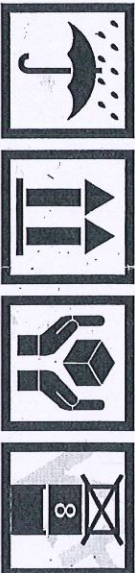




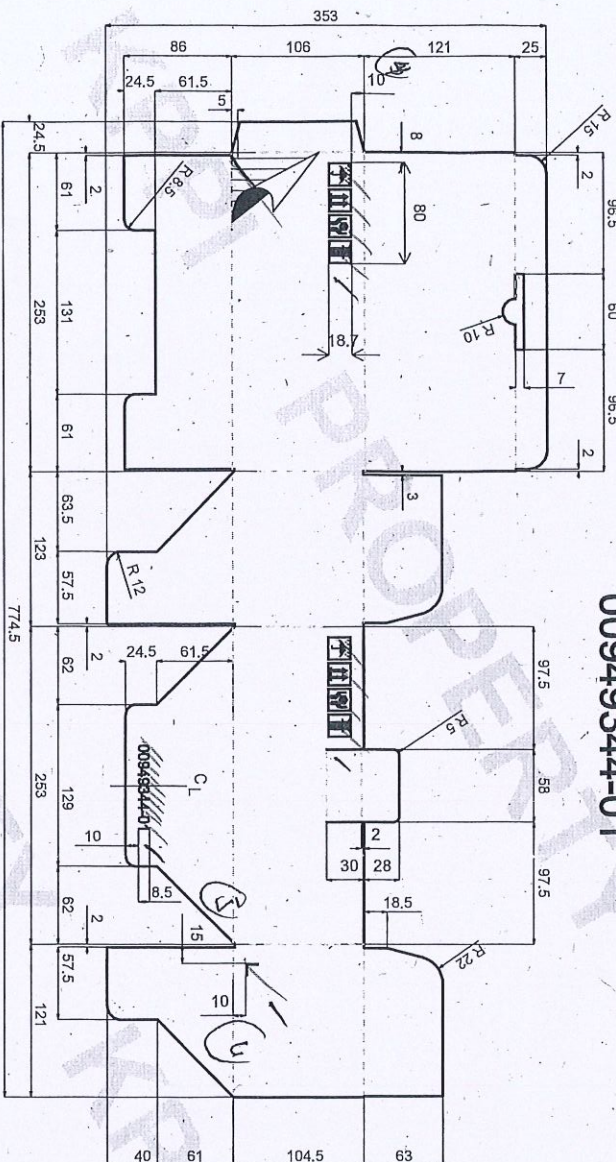
\*\*\* UNCONTROLLED COPY FOR JOB ORDER \*\*\*

2025-08-27 Issued by: *[Signature]*

WITH SUTEBAN



00949344-01



BOX SPECIFICATION			
Inner Dimension	250 X 120 X 100 mm		
Outer Dimension	256 X 126 X 112 mm		
Joint Flap	GLUING INSIDE		
Illustration	OUTERSMOOTH SURFACE		
Bursting Strength	N/A		
BCT	N/A		
ECT	N/A		
PRINT COLOR	1 2 3		
Flexo	Equi BLACK		
Digital print	N/A		
Offset	N/A		
Varnish Coating	N/A		
BLADE REQUIREMENTS			
WOOD	Type	Height	Thickness
Cutting Blade	NA	NA	NA
Waved Blade			
Perforation			
Half-Cut			
Creasing Line	NA	NA	NA

*250109*  
*PLV*

CUSTOMER : SANYO DENKI

ITEM DESCRIPTION/PART CODE: 00949344-01

00949344-01 BOX PRINT SPECIFICATION

ITEM KEY : SDP-0853-01AB-06

PAGE: 1 / 2

TOLERANCE	DIMENSION
±.3	<50
±.1	51-200
±.3	201-400
±.4	401-700
±.5	701-1000
±.8	1000<

MATERIAL: B FLUTE (TX200CM125/TX200)

LEGEND	UNIT: mm	N.T.S.
- CUTTING		
- CREASING		
- HALF-CUT		
- PERFORATION		
- HOLE		

KANEPACKAGE PHIL. INC.  
45 RING RD, L1872 2/F, Layan, Laguna, Laguna  
Tel. Nos.: (09) 945-7186 to 88  
Fax Nos.: (09) 945-7170 (09) 945-4302

REV. # 6 DATE 23/09/26  
ADDITIONAL NIK MARK ON BLADE LAYOUT

N. SORIANO REQUESTED BY:

PACKING INSTRUCTION: 25 PCS/BUNDLE (COLLAPSED)

DRAWN BY: A. UMANDAL

CHECKED BY: M. ALONSA GAY

APPROVED BY: S. LUBAG  
DT-002-F01 REV.04







# SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-09-000264

## I. Item Information

Customer	SANYO DENKI PHILS INC	Inspection Date	250903	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	NORTH	Delivery Date	250903	
Item Code	00949344-01	Job Order No.	JO25-M-02713-74	
Item Description	PRINT SPECIFICATION	Job Order Qty.	1,900	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	06	Delivery Receipt No.	208994	
External Provider	PW	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: 01:20						Time Conducted Sample #2: 02:10						Time Conducted Sample #3: 03:00					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	250		252	251	250	16						16					
2	120		120	121	120	17						17					
3	100		101	102	100	18						18					
4	10		8	9	9	19						19					
5	15		16	15	14	20						20					
6	10		10	8	9	21						21					
7						22						22					
8						23						23					
9						24						24					
10						25						25					
11						26						26					
12						27						27					
13						28						28					
14						29						29					
15						30						30					

Measuring Tool Used: ☒ Meter Tape ☐ Moisture Content Tester ☐ Zahn Cup ☐ Stopwatch ☐ Control Number of Measuring Tool Used: 25-25035-023  
☐ Thickness Gauge ☐ Weighing Scale ☐ Steel Ruler ☐ 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				B. PALLET			
In-house	External Provider	Total Quantity		In-house	External Provider	Total Quantity	
Scoring	2	2		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	1	1		Others	N/A	N/A	N/A
Delamination				C. CORRUGATED PALLET			
Uneven Kraft liner				In-house	External Provider	Total Quantity	
Warpage				Color of Carton (Discoloration)	N/A	N/A	N/A
Cracking on edge				Flute of Material	N/A	N/A	N/A
Bursting / Bursting on Edge (Crowfeet)				Type of Adhesion	N/A	N/A	N/A
Wrong die-cut orientation				Adhesion of Runner	N/A	N/A	N/A
Inverted die-cut				Rusty Wire	N/A	N/A	N/A
Close Gap/ Wide Gap				Wrong Orientation	N/A	N/A	N/A
Print Color : _____				Damages: _____	N/A	N/A	N/A
Missing Print/ Character				Others : _____	N/A	N/A	N/A
Blotted Print				D. MOULDED ITEMS			
Smeared Print				In-house	External Provider	Total Quantity	
Other Print Defect : mis align print	69	69		Poor Fusion	N/A	N/A	N/A
Linemark				Chip Off	N/A	N/A	N/A
Fish-eye	10 mm	3		Warp / Deform	N/A	N/A	N/A
Stain : actual 6 mm				Crack	N/A	N/A	N/A
Excess Glue				Broken	N/A	N/A	N/A
Gluing Defect : _____				Scratches	N/A	N/A	N/A
Worn-out	1	1		Foreign Materials	N/A	N/A	N/A
Dent				Wet / Moist	N/A	N/A	N/A
Punctured				Dirt	N/A	N/A	N/A
Tear-off				Stain : _____	N/A	N/A	N/A
Peel-off				Discoloration	N/A	N/A	N/A
Damages : _____				Excess Flashes	N/A	N/A	N/A
Others : _____				Others : _____	N/A	N/A	N/A



## 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	TX200	TX200	✓
					Flute	BT	BT	✓
STITCHED (Inside or Outside)	nh				Others	nh		

IV. Destructive Test (Based on Customer Requirement)

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

Requirement	Actual	Good	No Good
11/11			

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

Scan 1		<input type="checkbox"/> Good	<input type="checkbox"/> No Good
Scan 2	<i>nk</i>	<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	1900	Defect Rate Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$
Total Qty Good	1827	
Total Qty NG	73	
Defect Rate in %	3.84%	PPM Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$
in PPM	3841 PPM	

## 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

<input checked="" type="checkbox"/> Good	<input type="checkbox"/> For Special Acceptance
<input type="checkbox"/> Backload	<input type="checkbox"/> Conditional (Please indicate details)
<input type="checkbox"/> For Sorting	
<input type="checkbox"/> For Rework	Abnormality Report Control No.: <u>111008-09-015</u>

## IX. Remarks

IX. Remarks

Inspected by <i>J. Espinoza</i>	Checked by <i>[Signature]</i>	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	<i>for [Signature]</i> QA Head

## X. Reject & Reworks Item Verification

Defect	Verification Quantity		Remarks:	Verified by (Signature over Printed Name)
	Good	No-Good		
n/a				
				R&R Staff
				Received by (Signature over Printed Name)
Total				QA Inspector

### XI. Overall Inspection Time

## CORRUGATED AND MOULDED ITEMS

[illegible]