

KANEPACKAGE PHILIPPINE INC.		<h1 style="margin: 0;">ABNORMALITY REPORT</h1>		Control No. <h2 style="margin: 0;">AR2025-09-039</h2>	
I. Item Information					
Item Code	3CB-0059-000	Customer	CBMP		
Item Description	PARTITION	Delivery Date	250913		
Inspection Date	250913	Inspection Time	1:00 AM		
Lot Quantity	3,008 pcs.	Job Order Number	JO-F-25-1068-7		
Affected Quantity	96 pcs.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	3.19% 31,914 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2		
Problem Description	BURSTING	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:	INNER PORTION - ACCEPTABLE UP TO A MAXIMUM OF 100MM LENGTH X 5MM WIDTH AND MAXIMUM OF 2 OCCURRENCE	
<input checked="" type="checkbox"/> Procedure Manual :		PM-QA-018	Actual:	BURSTING MORE THAN 100MM LENGTH WITH DAMAGE LINER.	
<input checked="" type="checkbox"/> Technical Drawing :		CBMP-0788-01AC2			
<input checked="" type="checkbox"/> Work Instruction :		WI-QA-001-010			
<input checked="" type="checkbox"/> Job Order :		JO-F-25-1068-7	Conclusion or Recommendation:	REJECT <div style="float: right;"> <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable </div>	
<input checked="" type="checkbox"/> Reports :		AR2025-09-039			
<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		If item is for sorting, for backload, or for rework, fill-out below,			
		Person In Charge	Target Date	Signature	
		For Sorting			
		For Rework			
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	
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.



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: - None -

PR-001-F12-REV.00

JOB ORDER

Tiquis, Jelica Reney
SO #: TO-F-25-1068 rev.01

Customer : CANON BUSINESS MACHINE PHILS.

ITEM CODE: **3CB-0059-000**

Netsuite Itemcode : 3CB-0059-000-RMFG

JOB ORDER:

JO-F-25-1068-7



Item Description : PARTITION

QTY: **3000**

DELIVERY DATE:
2025-09-13

CREATED BY:
Javier, Sharlotte Nicole

DATE RELEASED:
2025-09-06

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
1200X1365 CF TX200	750	2	1100X1102MM CF	752	86422	QCB

Tooling Ref# E6-30 - 305

Ctrl/Batch #:

R/M Issued By:

Elmer 9/12

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. SLITTER BIG	9/12	SL		752	G	R			
2. DIECUT ETERNA	9/13	GRB/R	MPA/R	752	G	R			
3. DETACHING 1	9/13	US		7004	G	R			
4. LOT NUMBERING	9/13		DOCH	2000	G	R			
5. SCREENING	09-13		Ion Joseph Tester	2886	G	R	9/12		
6.					G	R			
7.							2:14		280913 3008
8.							2:14		250913 2886
9.									250913 122

REJECTION/ ABNORMALITY HISTORY

Customer Claim:

Notes:

REMARKS

PROD PLAN: ADD #0 PLAN 2025-256

PRODUCTION OUT

BY: MARGINE PALLERMO
DATE: Job Controller

NETSUITE 9/13

WAREHOUSE OUT

KANEPACKAGE PHILIPPINE, INC., REV00

CUSTOMER	CANON BUSINESS MACHINE PHILS. INC.	RoHS OK
ITEM CODE	3CB-0059-000	
ITEM DESCRIPTION	PARTITION	
ITEM SIZE		
LOT NUMBER	250913-JO-F-25-1068-7	QA-CG3148
QUANTITY	25 pcs.	MP QA PASSED



KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-09-001013

I. Item Information

Customer	CANON BUSINESS MACHINE PHILS.	Inspection Date	280913	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date	250913	
Item Code	3CB-0059-000	Job Order No.	JO-F-25-1068-7	
Item Description	PARTITION	Job Order Qty.	3,000	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	00	Delivery Receipt No.	86400	
External Provider	QCP	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing	
			<input type="checkbox"/> SD1800	

II. Dimensional Inspection

Time Conducted Sample #1: 1:00			Time Conducted Sample #2: 1:30			Time Conducted Sample #3: 2:40					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	531	+ 3 - 2	531	531	531	16					
2	530		530	530	530	17					
3	325		326	326	326	18					
4	106		101	101	101	19					
5	202		203	203	203	20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Measuring ☒ Meter Tape ☐ Moisture Content Tester ☐ Zahn Cup ☐ Stopwatch ☐ Control Number of Measuring Tool Used: M-1018-1003
Tool Used: ☐ 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	In-house	External Provider	Total Quantity	B. PALLET	In-house	External Provider	Total Quantity
Scoring	6		6	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		4	4	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)	96		96	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		2	2	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	9		9	Stain:	N/A	N/A	N/A
Punctured				Discoloration	N/A	N/A	N/A
Tear-off	5		5	Excess Flashes	N/A	N/A	N/A
Peel-off				Others:	N/A	N/A	N/A
Damages:							
Others:							

Total = 122


SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Joint Flap		Judgement		Type of Material					
Requirement		Actual	Good	No Good	Requirement		Actual	Judgement	
								Good	No Good
GLUED (Inside or Outside)		N/A			Corrugated	Treated CF	Treated CF	✓	
					Flute				
STITCHED (Inside or Outside)					Others				

IV. Destructive Test (Based on Customer Requirement)

Requirement	Actual	Good	No Good
	MS		

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	3008	Defect Rate Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$
Total Qty Good	2886	
Total Qty NG	122	
Defect Rate in % in PPM	4.06% 40558	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	MS
Defect Rate in %	
Defect Rate in PPM	

VIII. Disposition

☐ Good ☐ For Special Acceptance
☐ Backload ☐ Conditional (Please indicate details)
☐ For Sorting
☐ For Rework


Abnormality Report Control No.: AK2025-04-0301

IX. Remarks

IX. Remarks

Inspected by <i>I Leonardo Joseph Lester</i> QA Screening Inspector	Checked by <i>[Signature]</i> QA Line Leader	Approved by (If there are major concerns) QA Supervisor / QA Asst. Supervisor	Verified by (If there are major concerns) <i>[Signature]</i> QA Head
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X. Reject & Reworks Item Verification

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

XI. Overall Inspection Time

CORRUGATED AND MOULDED ITEMS

[illegible]