

## QA-003-F13 REV.08 Page 1 of 2

# 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 -

Dela Cerna, Jessa Mae  
SO #: SO25-M-03055

## JOB ORDER

Customer: KOWA-EMORI PHILIPPINES, INC.

ITEM CODE: HP33D1057-1

Netsuite Itemcode: HP33D1057-1

JOB ORDER:

JO25-M-03055-43



Item Description: CARTON BOX

|           |                           |                                       |                           |
|-----------|---------------------------|---------------------------------------|---------------------------|
| QTY: 2000 | DELIVERY DATE: 2025-10-03 | CREATED BY: Pallermo, Arlene Gonzales | DATE RELEASED: 2025-09-29 |
|-----------|---------------------------|---------------------------------------|---------------------------|

|                    |                 |           |           |                |        |           |
|--------------------|-----------------|-----------|-----------|----------------|--------|-----------|
| Raw Material Code: | Qty To Be Used: | Over Run: | Cut Size: | Actual Issued: | DR#:   | SUPPLIER: |
| 720X797 BF TX200   | 1000            | 10        | N/A       | 1010           | 210003 | pw        |

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

Ctrl/Batch #:

RM Issued By: Elmer

| PROCESS / MACHINE    | DATE  | IN-CHARGE                   |       | GOOD QTY    | TRIAL RUN |   | REJECTED QTY |          | REMARKS           |
|----------------------|-------|-----------------------------|-------|-------------|-----------|---|--------------|----------|-------------------|
|                      |       | Operator                    | ME/QA |             | G         | R | INHOUSE      | SUPPLIER |                   |
| 1. EQOS              | 10/1  | PMEN                        | 10/01 | 1010        | 2         |   |              |          |                   |
| 2. DIECUT ETERNA     | 10/02 | GMB                         | 10/02 | 1,010       | G         | R |              |          |                   |
| 3. GLUING CONVEYOR 1 | 10-03 | MJM, ST, A<br>A, C, E, M, E |       | 1200<br>798 | 22        |   |              |          | First Glue - 2000 |
| 4. LOT NUMBERING     | 10/3  |                             | Diane | 1200        | G         | R |              |          |                   |
| 5. SCREENING         | 10/3  |                             | Rico  | 1950        | G         | R | 48           |          |                   |
| 6.                   |       |                             |       |             | G         | R |              |          |                   |
| 7.                   |       |                             |       |             |           |   |              |          |                   |
| 8.                   |       |                             |       |             |           |   |              |          |                   |
| 9.                   |       |                             |       |             |           |   |              |          |                   |

## REJECTION/ ABNORMALITY HISTORY

Customer Claim:

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

REMARKS

PROD PLAN: ADD #0 PLAN 2025-276

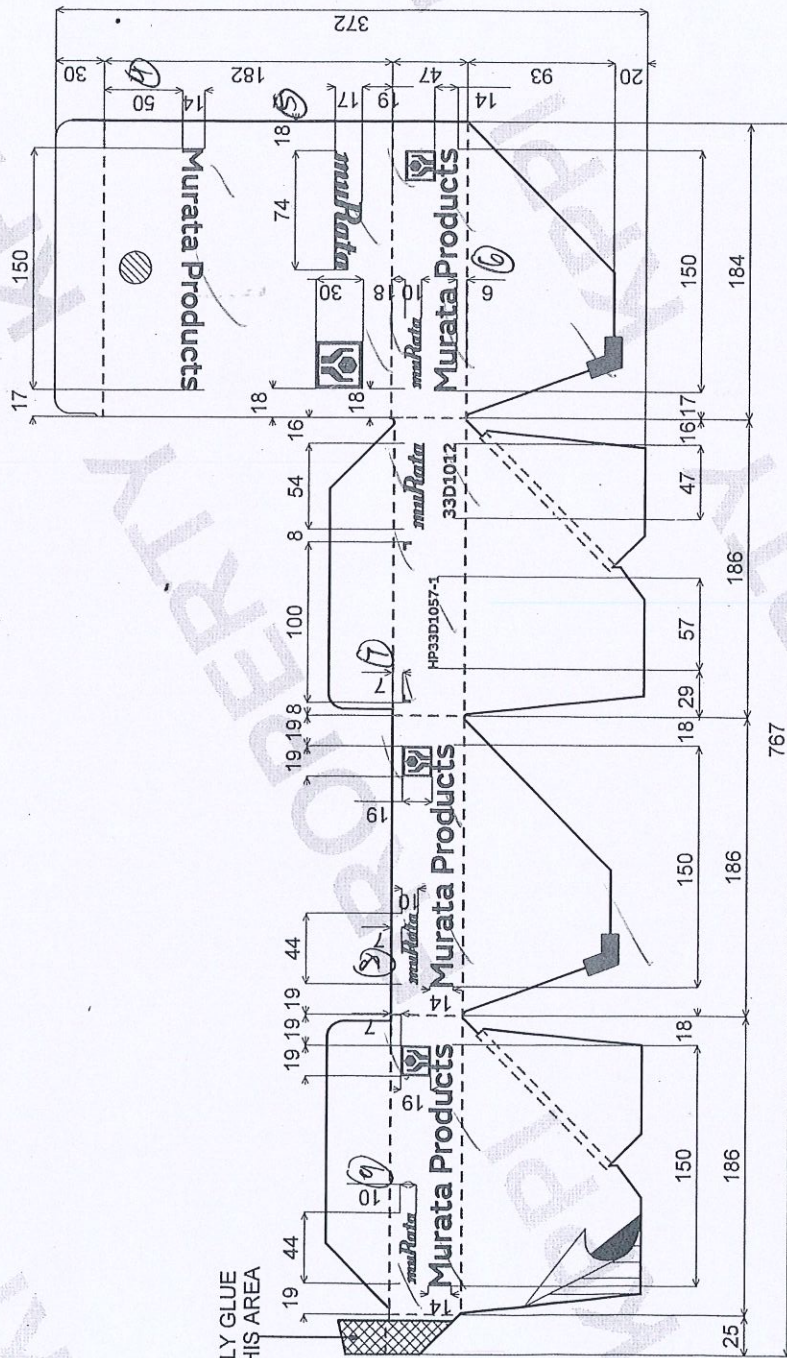
|                                       |                                                                     |
|---------------------------------------|---------------------------------------------------------------------|
| KOWA-EMORI PHILIPPINES INC.           |                                                                     |
| Item Code<br>HP33D1057-1              | Quantity<br>10 pcs.                                                 |
| Item Description<br>CARTON BOX        | Supplier's QC<br>PASSED<br>INSPECTION<br>RoHS OK<br>QA-CG7331<br>MP |
| Lot No. / Ref. NO.<br>251003-03055-43 |                                                                     |
| KANEPACKAGE PHILIPPINE INC.           |                                                                     |





|                                       |                   |           |       |        |
|---------------------------------------|-------------------|-----------|-------|--------|
| <b>BOX SPECIFICATION</b> <i>11113</i> |                   |           |       |        |
| Inner Dimension                       | 183 X 183 X 41 mm |           |       |        |
| Outer Dimension                       | N/A               |           |       |        |
| Joint Flap                            | GLUING INSIDE     |           |       |        |
| Illustration                          | SMOOTH SURFACE    |           |       |        |
| Bursting Strength                     | N/A               |           |       |        |
| BCT                                   | N/A               |           |       |        |
| ECT                                   | N/A               |           |       |        |
| PRINT COLOR                           | 1                 | 2         | 3     |        |
| Flexo                                 | EQ-04 RED         |           |       |        |
| Digital print                         | N/A               |           |       |        |
| Offset                                | N/A               |           |       |        |
| Varnish Coating                       | N/A               |           |       |        |
| <b>BLADE REQUIREMENTS</b>             |                   |           |       |        |
| <b>WOOD</b>                           |                   |           |       |        |
| Type                                  | Height            | Thickness | Pitch | Length |
| Cutting Blade                         |                   |           |       |        |
| Waved Blade                           |                   |           |       |        |
| Perforation                           |                   |           |       |        |
| Half-Cut                              |                   |           |       |        |
| Creasing Line                         |                   |           |       |        |

APPLY GLUE  
IN THIS AREA



NOTES:

1. BOTTOM FLAP : GLUING
2. USE CREASING MATRIX 1 X 4

[illegible]





KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT  
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-10-000252

## I. Item Information

|                      |                              |                      |                                                                                                                                |        |                                                                        |
|----------------------|------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------|
| Customer             | KOWA-EMORI PHILIPPINES, INC. | Inspection Date      | 251003                                                                                                                         | Shift: | <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night |
| Location             | BATANGAS                     | Delivery Date        | 251003                                                                                                                         |        |                                                                        |
| Item Code            | HP33D1057-1                  | Job Order No.        | JO25-M-03055-43                                                                                                                |        |                                                                        |
| Item Description     | CARTON BOX                   | Job Order Qty.       | 2,000                                                                                                                          |        |                                                                        |
| Model                | N/A                          | Inspection Method    | <input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling                                                     |        |                                                                        |
| Drawing Revision No. | 06                           | Delivery Receipt No. | 210613                                                                                                                         |        |                                                                        |
| External Provider    | PW                           | Gluing Process       | <input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing<br><input checked="" type="checkbox"/> SD1800 |        |                                                                        |

## II. Dimensional Inspection

| Time Conducted Sample #1: 8:10 |               |           | Time Conducted Sample #2: 8:15 |           |           | Time Conducted Sample #3: 1:05 |               |           |           |           |           |
|--------------------------------|---------------|-----------|--------------------------------|-----------|-----------|--------------------------------|---------------|-----------|-----------|-----------|-----------|
| Checkpoints                    | Drawing Specs | Tolerance | Sample #1                      | Sample #2 | Sample #3 | Checkpoints                    | Drawing Specs | Tolerance | Sample #1 | Sample #2 | Sample #3 |
| 1                              | 183           | 2         | 183                            | 183       | 183       | 16                             | N             |           |           |           |           |
| 2                              | 183           |           | 183                            | 183       | 183       | 17                             |               |           |           |           |           |
| 3                              | 41            |           | 41                             | 41        | 41        | 18                             |               |           |           |           |           |
| 4                              | 50            | 50        | 50                             | 50        | 19        |                                |               |           |           |           |           |
| 5                              | 18            | 3         | 18                             | 18        | 18        | 20                             |               |           |           |           |           |
| 6                              | 9             |           | 9                              | 9         | 9         | 21                             |               |           |           |           |           |
| 7                              | 7             |           | 7                              | 7         | 7         | 22                             |               |           |           |           |           |
| 8                              | 7             | 7         | 7                              | 7         | 23        |                                |               |           |           |           |           |
| 9                              | 10            | 10        | 10                             | 10        | 24        |                                |               |           |           |           |           |
| 10                             |               |           |                                |           | 25        |                                |               |           |           |           |           |
| 11                             |               |           |                                |           | 26        |                                |               |           |           |           |           |
| 12                             |               |           |                                |           | 27        |                                |               |           |           |           |           |
| 13                             |               |           |                                |           | 28        |                                |               |           |           |           |           |
| 14                             |               |           |                                |           | 29        |                                |               |           |           |           |           |
| 15                             |               |           |                                |           | 30        |                                |               |           |           |           |           |

Measuring Tool Used: ☒ Meter Tape ☐ Thickness Gauge ☐ Moisture Content Tester ☐ Weighing Scale ☐ Zahn Cup ☐ Steel Ruler ☐ Stopwatch ☐ Caliper

Control Number of Measuring Tool Used: 25-25129-090

## 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                                | 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                                | N        |                   |                | 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                           |          |                   |                |                                 |          |                   |                |
| Uneven Kraft liner                     |          |                   |                | C. CORRUGATED PALLET            | In-house | External Provider | Total Quantity |
| Warping                                |          |                   |                | 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                          |          |                   |                |                                 |          |                   |                |
| Smeared Print                          |          |                   |                | D. MOULDED ITEMS                | In-house | External Provider | Total Quantity |
| Other Print Defect : _____             |          |                   |                | Poor Fusion                     | N/A      | N/A               | N/A            |
| Linemark                               |          |                   |                | Chip Off                        | N/A      | N/A               | N/A            |
| Fish-eye                               |          |                   |                | Warp / Deform                   | N/A      | N/A               | N/A            |
| Stain : Blue stain / Dirt stain        | 10       |                   | 10             | 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                               |          |                   |                | 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                               | 36       |                   | 36             | 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 |        | Judgement |         |  |
|---------------------------------|--------|-----------|---------|------------------|--------|-----------|---------|--|
| Requirement                     | Actual | Good      | No Good | Requirement      | Actual | Good      | No Good |  |
| GLUED<br>(Inside or Outside)    | Inside | ✓         |         | Corrugated       | 7x200  | 7x200     | ✓       |  |
|                                 |        |           |         | Flute            | 13F    | 13F       | ✓       |  |
| STITCHED<br>(Inside or Outside) | N / A  |           |         | Others           | N / A  |           |         |  |

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

| Requirement | Actual | Good | No Good |
|-------------|--------|------|---------|
| N           | A      |      |         |

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

|                                         |   |                               |                                  |
|-----------------------------------------|---|-------------------------------|----------------------------------|
| Scan 1                                  | N | <input type="checkbox"/> Good | <input type="checkbox"/> No Good |
| Scan 2                                  | A | <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        | 1998               |
| Total Qty Good             | 1950               |
| Total Qty NG               | 48                 |
| Defect Rate in %<br>in PPM | 2.40%<br>24029 PPM |

**Defect Rate Formula:**

**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        | N A |
| Defect Rate in %<br>in PPM   |     |

## VIII. Disposition

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

Abnormality Report Control No.: 100725-10-007

## IX. Remarks

IX. Remarks

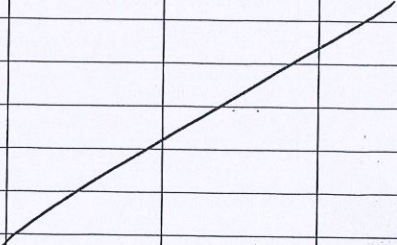
|                        |                                                                                   |                                              |                                                                                     |
|------------------------|-----------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------|
| Inspected by           | Checked by                                                                        | Approved by<br>(If there are major concerns) | Verified by<br>(If there are major concerns)                                        |
| R. ORAP - E. SANTOS    |  |                                              |  |
| 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 |          |                                           |
|        |                       |         |          |                                           |
|        |                       |         |          |                                           |
|        |                       |         |          | R&R Staff                                 |
|        |                       |         |          | Received by (Signature over Printed Name) |
|        |                       |         |          |                                           |
|        |                       |         |          |                                           |
| Total  |                       |         |          | QA Inspector                              |

## XI. Overall Inspection Time

## CORRUGATED AND MOULDED ITEMS

| Date     | No. of Manpower | Qty  | Time Start                                                                          | Time End | Downtime | Total hrs. | Cause of Downtime |
|----------|-----------------|------|-------------------------------------------------------------------------------------|----------|----------|------------|-------------------|
| 25/10/03 | 2               | 1998 | 8:10                                                                                | 1:00     | N        | 5 hrs      | —                 |
|          |                 | N    |  |          |          | A          | .                 |
|          |                 |      |                                                                                     |          |          |            |                   |
|          |                 |      |                                                                                     |          |          |            |                   |
|          |                 |      |                                                                                     |          |          |            |                   |
|          |                 |      |                                                                                     |          |          |            |                   |