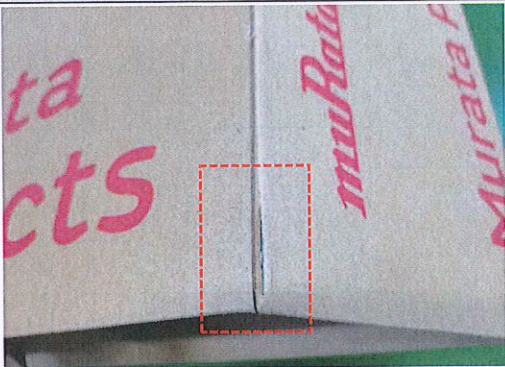
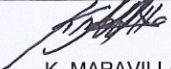
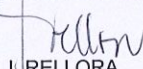
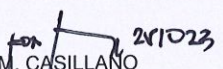
 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No.	
				AR2025-10-065	

I. Item Information					
Item Code	HP01D2200C-1	Customer	KOWA-EMORI		
Item Description	CARTON BOX	Delivery Date	251024		
Inspection Date	251022	Inspection Time	12:30 AM		
Lot Quantity	1,735 PCS	Job Order Number	JO25-M-03108-13		
Affected Quantity	65 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	3.74%      37,463 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 4		
Problem Description	BURSTING	Delivery Receipt Number	N/A		

II. Visual Reference (Defect Illustration)	
<b>NO BURSTING</b>	<b>NO GOOD</b> 

III. Documented Information Review (To be filled out by Qa Line Leader)					
Related Doc. Info.	Control Number	Requirement:	NO BURSTING		
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	WITH BURSTING		
<input checked="" type="checkbox"/> Technical Drawing :	EMO-0111-01AB-07				
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010	Conclusion or Recommendation:	<input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable		
<input checked="" type="checkbox"/> Job Order :	JO25-M-03108-13				
<input checked="" type="checkbox"/> Reports :	AR2025-10-065				
<input checked="" type="checkbox"/> Defect Limit :	KOWA-EMORI DEFECT LIMIT				
<b>IV. Initial Disposition (To be filled out by ME Department If Needed)</b>					
<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 <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework	Person In Charge	Target Date	Signature
Remarks:			<b>JUDGEMENT</b> <small>(If subject is for issuance of IRF / CAR)</small> <input type="checkbox"/> FOR 5 WHY ISSUANCE <input type="checkbox"/> FOR CAR ISSUANCE <input type="checkbox"/> FOR IRF ISSUANCE		

Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
 K. MARAVILLA	 J. RELLORA		 M. CASILLANO	
QA Inspector	QA Line Leader	ME Head	QA Head	QA Staff

<b>Important: Backloading Policy (External Provider Rejects)</b> 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 _____
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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.

## JOB ORDER

PR-001-F12-REV.00

MEMO: - None

Zyra Opulencia  
SO #: SO25-M-03108

Customer : KOWA-EMORI PHILIPPINES, INC.

ITEM CODE: **HP01D2200C-1**

Netsuite Itemcode : HP01D2200C-1

JOB ORDER:

JO25-M-03108-13



Item Description : CARTON BOX

QTY: <b>2000</b>	DELIVERY DATE: 2025-10-24	CREATED BY: Villanueva, Nene Adeva	DATE RELEASED: 2025-10-17
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Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
728X1025 BF NPK180	2000	20	N/A	2020	2/1406	PW

Tooling Ref# CYREL-SAMPLE /BLADE-29-CYREL-90A/BLDE-16117 Batch #:

RM Issued By:

10/20

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	10/20	EJTM	Joseph	2012	G	R	8		
2. DIECUT ETERNA	10/21	JVM	Joseph	1916	G	R	75	21	
3. GLUING SD 1800	10/22	Neth	1925	1825	G	R	50		
4. GLUING CONVEYOR 1	10/22	5, L, B, M		900 + 60 775	G	R	80		
5. LOT NUMBERING	10-22		ROVEN	1000	G	R			
6. SCREENING	10-22		Ken	500 GCO 500	G	R	72	75	
7.									
8.									
9.									

## REJECTION/ ABNORMALITY HISTORY

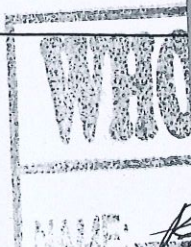
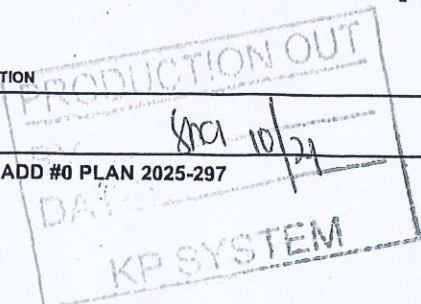
Customer Claim:  
ISTORY: overcut, bursting, misalign glue, extra fold, visible poka yoke

Notes: NOTE: Put nickmark on the gluetab of the item for reference. The gluing operator should always check the nickmark on the gluetab.

IN-HOUSE REJECTION

REMARKS

PROD PLAN: ADD #0 PLAN 2025-297



KOWA-EMORI PHILIPPINES INC.	
Item Code	Quantity
HP01D2200C-1	10 pcs.
Item Description	Supplier's QC
CARTON BOX	PASSED INSPECTION
Lot No. / Ref. NO.	RoHS OK
251022-03108-13	QA-KP892
	MP







# SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.  
**SQB-10-001467**

## I. Item Information

Customer	KOWA-EMORI PHILIPPINES, INC.	Inspection Date	25/10/21	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date	251024	
Item Code	HP01D2200C-1	Job Order No.	JO25-M-03108-13	
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.	07	Delivery Receipt No.	211906	
External Provider	PN	Gluing Process	<input type="checkbox"/> Manual Gluing <input checked="" type="checkbox"/> Semi-Auto Gluing	
			<input type="checkbox"/> SD1800	

## II. Dimensional Inspection

Time Conducted Sample #1: 2330			Time Conducted Sample #2: 0130			Time Conducted Sample #3: 0230					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	330	+2 -2	335	330	330	16					
2	196		198	198	198	17					
3	330		337	337	337	18					
4	20		20	20	20	19					
5	20	+5 -5	20	20	20	20					
6	9		9	9	9	21					
7	15		15	15	15	22					
8	37		37	37	37	23					
9	30		30	30	30	24					
10	33		33	33	33	25					
11	30		30	30	30	26					
12						27					
13						28					
14						29					
15						30					

Measuring Tool Used: ☒ Meter Tape ☐ Moisture Content Tester ☐ Zahn Cup ☐ Stopwatch ☐ Control Number of Measuring Tool Used: 25-22031-020  
☐ 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				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)	65		65	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 : misalign gl	3		3	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	3		3	Others :	N/A	N/A	N/A
Damages : can at	2		2				
Others :							





Joint Flap		Judgement		Type of Material		Judgement			
Requirement		Actual	Good	No Good	Requirement		Actual	Good	No Good
GLUED (Inside or Outside)	Inside	Inside	/		Corrugated	2, 1/2" / 180	2, 1/2" / 180	/	
					Flute	BF	BF	/	
STITCHED (Inside or Outside)	e	—	↗		Others	e	—	↗	

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

Requirement	Actual	Good	No Good	Scan 1	Scan 2	<input type="checkbox"/> Good	<input type="checkbox"/> No Good
e	_____	↗				<input type="checkbox"/> Good	<input type="checkbox"/> No Good
						<input type="checkbox"/> Good	<input type="checkbox"/> No Good
				BQICS Compliance (For Epson items only)		<input type="checkbox"/> Good	<input type="checkbox"/> No Good

## VII. Sampling Inspection Result

Total Qty Inspected		1735	Defect Rate Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$	Total Sampling Qty Inspected		<div><div></div><div></div><div></div></div>	
Total Qty Good		1660		Total Sampling Qty Good			<del>✓</del>
Total Qty NG		75		Total Sampling Qty NG			<del>1</del>
Defect Rate	in % in PPM	4.32% / 4322.7 PPM	PPM Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$	Defect Rate	in % in PPM		

## IX. Remarks

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

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
<i>K. Matavilla</i>	<i>J. Brown</i>		<i>[Signature]</i>
QA Screening Inspector	QA Line Leader	QA Supervisor / QA Asst. Supervisor	QA Head

Defect	Verification Quantity		Remarks:	Verified by (Signature over Printed Name)
	Good	No-Good		
Total				

## CORRUGATED AND MOULDED ITEMS

[illegible]