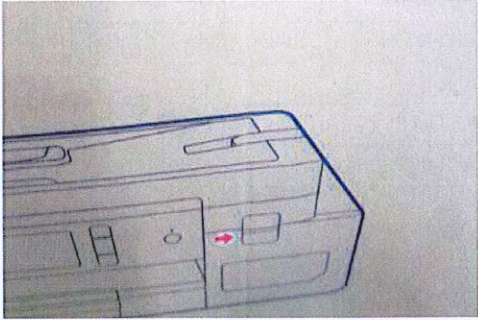
 KANEPACKAGE PHILIPPINE INC.		<h1 style="margin:0;">ABNORMALITY REPORT</h1>		Control No.	
				AR2025-10-062	

<b>I. Item Information</b>					
Item Code	D037LJ001	Customer	BROTHER		
Item Description	CARTON DCP-J4250N JPN	Delivery Date	251022		
Inspection Date	251022	Inspection Time	12PM		
Lot Quantity	1,000 PCS	Job Order Number	JO25-M-03105-46		
Affected Quantity	19 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	1.90%      19,000 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2		
Problem Description	SCORING	Delivery Receipt Number	N/A		

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

<b>III. Documented Information Review (To be filled out by Qa Line Leader)</b>					
Related Doc. Info. <input checked="" type="checkbox"/> Procedure Manual : <input checked="" type="checkbox"/> Technical Drawing : <input checked="" type="checkbox"/> Work Instruction : <input checked="" type="checkbox"/> Job Order : <input checked="" type="checkbox"/> Reports : <input checked="" type="checkbox"/> Defect Limit :	Control Number PM-QA-018 BIP-0869-01 WI-QA-001-010 JO25-M-03105-46 AR2025-10-062 BIPH DEFECT LIMIT	Requirement:  Actual:  Conclusion or Recommendation:	ACCEPTABLE 1 PC LIGHT SCORING REGARDLESS OF SIZE. NO WHITENING  LIGHT SCORING END TO END. WITH WHITENING  REJECT		
			<input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable		



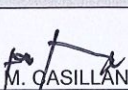
  

<b>IV. Initial Disposition (To be filled out by ME Department If Needed)</b>														
<input type="checkbox"/> Good <input type="checkbox"/> Rejected <input type="checkbox"/> Backload	<input type="checkbox"/> Conditional (Please indicate details)   	<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Backload <input type="checkbox"/> Good <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework	<input type="checkbox"/> Conditional (Please indicate details) If item is for sorting, for backload, or for rework, fill-out below, <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width:30%;">Person In Charge</th> <th style="width:20%;">Target Date</th> <th style="width:50%;">Signature</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			Person In Charge	Target Date	Signature						
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 checked="" type="checkbox"/> FOR IRF ISSUANCE
----------	--

Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
 J. ESPINOZA QA Inspector	 A. FILIPINAS QA Line Leader	ME Head	 M. CASILLANO 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 _____
--	---	---------------------------------------	---

*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		





## ABNORMALITY REPORT

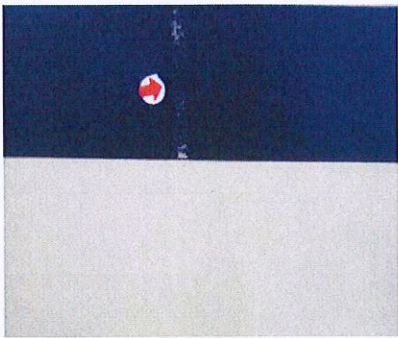
Control No.

AR2025-10-063

## I. Item Information

Item Code	D037LJ001	Customer	BROTHER
Item Description	CARTON DCP-J4250N JPN	Delivery Date	251022
Inspection Date	251022	Inspection Time	12PM
Lot Quantity	1,000 PCS	Job Order Number	JO25-M-03105-46
Affected Quantity	11 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	1.10% 11,000 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2
Problem Description	DENT	Delivery Receipt Number	N/A

## II. Visual Reference (Defect Illustration)

GOOD	NO GOOD
NO DENT	

## III. Documented Information Review (To be filled out by Qa Line Leader)

Related Doc. Info.	Control Number	Requirement:	ACCEPTABLE REGARDLESS OF SIZE & QTY. AS LONG AS IT IS NOT DAMAGE
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	WITH DENT. PRINT ALREADY DAMAGED
<input checked="" type="checkbox"/> Technical Drawing :	BIP-0869-01		
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010	Conclusion or Recommendation:	REJECT <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Job Order :	JO25-M-03105-46		
<input checked="" type="checkbox"/> Reports :	AR2025-10-063		
<input checked="" type="checkbox"/> Defect Limit :	BIPH 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	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:

## JUDGEMENT

(If subject is for issuance of IRF / CAR)

- ☐ FOR 5 WHY ISSUANCE  
☐ FOR CAR ISSUANCE  
☒ 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
<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	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	





## 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 Philippines Inc.

F-3-20

1450

PR-001-F12-REV.00

MEMO: - None -

Manaig Rea, Villanueva  
SO #: SO25-M-03105REV.06.1

## JOB ORDER

Customer : BROTHER INDUSTRIES (PHILS.), INC.		JOB ORDER:	
ITEM CODE: <b>D037LJ001 VARNISH 1JOINT</b>		JO25-M-03105-46	
Netsuite Itemcode : D037LJ001 VARNISH 1JOINT			
Item Description : CARTON DCP-J4250N JPN			
QTY: <b>1000</b>	DELIVERY DATE: 2025-10-22	CREATED BY: Mendoza, Jhee Ann Manalo	DATE RELEASED: 2025-10-17



Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
D037LJ001 VARNISH 1JOINT.C1	1000		None			

Tooling Ref# F-3-11 Ctrl/Batch #: \_\_\_\_\_ RM Issued By: \_\_\_\_\_

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	10/21	JAMES	10-21	527	2	2			
2. DIECUT S1700	10/22	JM	10/22	526	3	1			
3. GLUING CONVEYOR 3	10/22	CE		525		1			
4. LOT NUMBERING	10/22		Diane	1000	G	R			
5. SCREENING	10/22		Jma	485	G	R	11	11	
6.					G	R			
7.									
8.									
9.									

QA INPUT: DATE	25/10/22
TIME	12:53
QTY	525
QA OUTPUT: DATE	25/10/22
TIME	12:53
QTY	485
WIP REJECT: DATE	25/10/22
TIME	12:53
QTY	40

REJECTION/ ABNORMALITY HISTORY	
Customer Claim:	
Notes:	

PRODUCTION OUT
BY: <u>10/22</u>
DATE: <u>10/22</u>

REMARKS  
PROD PLAN: ADD #5 PLAN 2025-295

KANEPACKAGE PHILIPPINES INC.	
Part Code	D037LJ001
Part Name	CARTON DCP-J4250N JPN
Production Date	26/10/22
Lot Number	JO25-M-03105-46
Quantity	10 pcs.
P.O.	N/A
Mold No./Cavity	N/A
Operator	QA-CG6126
Remarks	MP



STAMP

STAMP















# SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-10-001450

## I. Item Information

Customer	BROTHER INDUSTRIES (PHILS.), INC.	Inspection Date	25/02/22	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	25/02/22	
Item Code	D037LJ001 VARNISH 1JOINT	Job Order No.	JO25-M-03105-46	
Item Description	CARTON DCP-J4250N JPN	Job Order Qty.	1,000	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	03	Delivery Receipt No.	2579 27	
External Provider	T	Gluing Process	<input checked="" type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input type="checkbox"/> SD1800	

## II. Dimensional Inspection

Time Conducted Sample #1: 00:20			Time Conducted Sample #2: 10:10			Time Conducted Sample #3: 11:25					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	498	5	498	498	500	16		N/A			
2	543		245	245	244	17					
3	446		445	447	445	18					
4	15.04	5	15	16	15	19					
5	15.02		16	15	14	20					
6	179		180	180	179	21					
7					22						
8					23						
9					24						
10					25						
11					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: 25-25025-072  
☐ 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	19		19	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	2		2	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
Warping				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: poor print	4		4	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	2		2	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: glue stain	1		1	Wet / Moist	N/A	N/A	N/A
Worn-out				Dirt	N/A	N/A	N/A
Dent		11	11	Stain:	N/A	N/A	N/A
Punctured	1		1	Discoloration	N/A	N/A	N/A
Tear-off				Excess Flashes	N/A	N/A	N/A
Peel-off	4		4	Others:	N/A	N/A	N/A
Damages:							
Others:							



**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 (Inside or Outside)	Inside	inside	✓		Corrugated	MPK210	MPK210	✓	
					Flute	EBP	EBP	✓	
STITCHED (Inside or Outside)	n/a				Others				


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

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

Requirement	Actual	Good	No Good	Scan 1	Scan 2	BQICS Compliance (For Epson items only)	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> No Good
19					D0374500		<input checked="" type="checkbox"/> Good	<input type="checkbox"/> No Good
							<input checked="" type="checkbox"/> Good	<input type="checkbox"/> No Good
							<input type="checkbox"/> Good	<input type="checkbox"/> No Good

## VI. Inspection Result

## VII. Sampling Inspection Result

Total Qty Inspected	521	<b>Defect Rate Formula:</b> $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$ <b>PPM Formula:</b> $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$	<b>VII. Sampling Inspection Result</b>	
Total Qty Good	485		Total Sampling Qty Inspected	
Total Qty NG	41		Total Sampling Qty Good	
Defect Rate in %	7.9%		Total Sampling Qty NG	
Defect Rate in PPM	7996 PPM		Defect Rate in %	
			Defect Rate in PPM	

## VIII. Disposition

## IX. Remarks

<input checked="" type="checkbox"/> Good <input type="checkbox"/> Backload <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework	<input type="checkbox"/> For Special Acceptance <input type="checkbox"/> Conditional (Please indicate details)  Abnormality Report Control No.: <u>Amor-10-062</u>	IX. Remarks  <u>Amor-10-063</u>
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Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
J. Espinoza	May		
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				QA Inspector

## XI. Overall Inspection Time

## CORRUGATED AND MOULDED ITEMS

[illegible]