
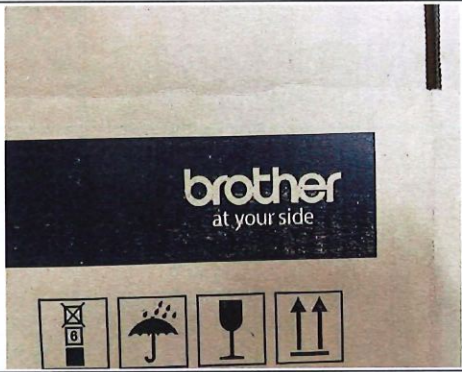


| | | | | | |
|--|--|--------------------|--|---------------|--|
|  KANEPACKAGE PHILIPPINE INC. | | ABNORMALITY REPORT | | Control No. | |
| | | | | AR2025-11-020 | |



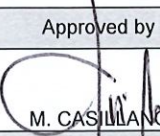
| I. Item Information | | | | | |
|-------------------------|--------------------------|----------------------------|---|--|--|
| Item Code | D03ATZ001.C1 | Customer | BROTHER INDUSTRIES | | |
| Item Description | CARTON MFC-J4555DW AP-C | Delivery Date | 251107 | | |
| Inspection Date | 251108 | Inspection Time | 1800H | | |
| Lot Quantity | 282 pcs. | Job Order Number | JO25-M-03321-145A | | |
| Affected Quantity | 21 pcs. | Origin | <input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER: | | |
| Rejection Rate and PPM | 7.44% 74,468.08 PPM | Date Received | N/A | | |
| Sampling Quantity (IQA) | N/A | Detection (Section / Area) | SCREENING 3 | | |
| Problem Description | POOR PRINT | Delivery Receipt Number | N/A | | |

| II. Visual Reference (Defect Illustration) | |
|--|---|
| NO POOR PRINT | <div style="background-color: #d3d3d3; padding: 5px; font-weight: bold;">NO GOOD</div>  |

| III. Documented Information Review (To be filled out by Qa Line Leader) | | | | | |
|---|-------------------|-------------------------------|---|--|--|
| Related Doc. Info. | Control Number | Requirement: | NO POOR PRINT | | |
| <input checked="" type="checkbox"/> Procedure Manual : | PM-QA-018 | Actual: | W/ POOR PRINT | | |
| <input checked="" type="checkbox"/> Technical Drawing : | BIP-0892-01AB | | | | |
| <input checked="" type="checkbox"/> Work Instruction : | WI-QA-001-010 | | | | |
| <input checked="" type="checkbox"/> Job Order : | JO25-M-03321-145A | Conclusion or Recommendation: | REJECT <div style="float: right;"> <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable </div> | | |
| <input checked="" type="checkbox"/> Reports : | AR2025-11-020 | | | | |
| <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 <small>(If subject is for issuance of IRF / CAR)</small> <input type="checkbox"/> FOR 5 WHY ISSUANCE <input checked="" type="checkbox"/> FOR CAR ISSUANCE <input type="checkbox"/> FOR IRF ISSUANCE | |
|----------|--|--|--|--|--|

| | | | | |
|---|--|---------------------------------|--|-------------|
| Detected by | Checked by | Initial Approved by (If Needed) | Approved by | Received By |
|  E. PELAEZ |  J. PAMPLONA | |  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 | 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.

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 | | |

SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.
SQA-11-000392

I. Item Information

| | | | | |
|----------------------|-----------------------------------|----------------------|---|---|
| Customer | BROTHER INDUSTRIES (PHILS.), INC. | Inspection Date | 28-11-08 | Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night |
| Location | Laguna | Delivery Date | 251107 | |
| Item Code | D03ATZ001.C1 | Job Order No. | JO25-M-03321-145A | |
| Item Description | CARTON MFC-J4555DW AP-C; A | Job Order Qty. | 450 | |
| Model | N/A | Inspection Method | <input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling | |
| Drawing Revision No. | 00 | Delivery Receipt No. | 28311 / 28379 | |
| External Provider | T.P.C. | Gluing Process | <input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input type="checkbox"/> SD1800 | |

II. Dimensional Inspection

| | | | | | | | | | | | |
|--------------------------------|---------------|-----------|--------------------------------|-----------|-----------|--------------------------------|---------------|-----------|-----------|-----------|-----------|
| Time Conducted Sample #1: 6:00 | | | Time Conducted Sample #2: 8:00 | | | Time Conducted Sample #3: 8:20 | | | | | |
| Checkpoints | Drawing Specs | Tolerance | Sample #1 | Sample #2 | Sample #3 | Checkpoints | Drawing Specs | Tolerance | Sample #1 | Sample #2 | Sample #3 |
| 1 | 518 | + 5 | 518 | 518 | 518 | 16 | | | | | |
| 2 | 373 | | 373 | 373 | 373 | 17 | | | | | |
| 3 | 480 | | 480 | 480 | 480 | 18 | | | | | |
| 4 | 18 | | 18 | 18 | 18 | 19 | | | | | |
| 5 | 24 | | 24 | 24 | 24 | 20 | | | | | |
| 6 | 18 | | 18 | 18 | 18 | 21 | | | | | |
| 7 | | | | | | 22 | | | | | |
| 8 | | | | | | 23 | | | | | |
| 9 | | | | | | 24 | | | | | |
| 10 | | | | | | 25 | | | | | |
| 11 | | | | | | 26 | | | | | |
| 12 | | | | | | 27 | | | | | |
| 13 | | | | | | 28 | | | | | |
| 14 | | | | | | 29 | | | | | |
| 15 | | | | | | 30 | | | | | |

| | | | | | |
|----------------------|--|--|--------------------------------------|------------------------------------|--|
| Measuring Tool Used: | <input checked="" type="checkbox"/> Meter Tape | <input type="checkbox"/> Moisture Content Tester | <input type="checkbox"/> Zahn Cup | <input type="checkbox"/> Stopwatch | Control Number of Measuring Tool Used: 75-27727-019 |
| | <input type="checkbox"/> Thickness Gauge | <input type="checkbox"/> Weighing Scale | <input type="checkbox"/> Steel Ruler | <input type="checkbox"/> 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 | | | | | | | |
| 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: <u>poor print</u> | 21 | | 21 | Damages: | N/A | N/A | N/A |
| Missing Print/ Character | | | | Others: | N/A | N/A | N/A |
| Blotted Print | 18 | | 18 | | | | |
| Smeared Print | | | | D. MOULDED ITEMS | In-house | External Provider | Total Quantity |
| Other Print Defect: <u>miss aligning</u> | 2 | | 2 | 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: | | | | 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 | 2 | | 2 | 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 |

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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 | MP1280 | MP1280 | - |
| STITCHED (Inside or Outside) | 4 | | 2 | Flute | EPT | EPT | |
| | | | | Others | 4 | | 2 |

| 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 | <input type="checkbox"/> Good | <input type="checkbox"/> No Good |
| | 11/9 | | | 4 | | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> No Good |
| | | | | | | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> No Good |
| | | | | BQICS Compliance (For Epson Items only) | | | |
| | | | | <input checked="" type="checkbox"/> Good <input type="checkbox"/> No Good | | | |

| VI. Inspection Result | | | | VII. Sampling Inspection Result | | | |
|-------------------------------|---------------------|--|--|---------------------------------|--|--|--|
| Total Qty Inspected | 282 | Defect Rate Formula: Total Qty. NG Total Qty. Inspected x100 | PPM Formula: Total Qty. NG Total Qty. Inspected x1,000,000 | Total Sampling Qty Inspected | | | |
| Total Qty Good | 280 | | | Total Sampling Qty Good | | | |
| Total Qty NG | 2 | | | Total Sampling Qty NG | | | |
| Defect Rate In % In PPM | 17.36 / 170,708 PPM | Defect Rate In % In PPM | 4 / | | | | |

| 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>2025-11-020 / 021</u> | | |
| | | | |

| Inspected by | Checked by | Approved by (If there are major concerns) | Verified by (If there are major concerns) |
|-------------------------------------|--------------------------------------|---|--|
| E. PELAEZ QA Screening Inspector | <u>[Signature]</u> QA Line Leader | <u>[Signature]</u> QA Supervisor / QA Asst. Supervisor | <u>[Signature]</u> QA Head |

| X. Reject & Reworks Item Verification | | | |
|---------------------------------------|-----------------------|---------|----------|
| Defect | Verification Quantity | | Remarks: |
| | Good | No-Good | |
| 11 | | 2 | |
| | | | |
| | | | |
| Total | | | |

| XI. Overall Inspection Time | | | | | | | |
|------------------------------|-----------------|-----|------------|----------|----------|-------|-------------------|
| CORRUGATED AND MOULDED ITEMS | | | | | | | |
| Date | No. of Manpower | Qty | Time Start | Time End | Downtime | Total | Cause of Downtime |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

45
120
J3