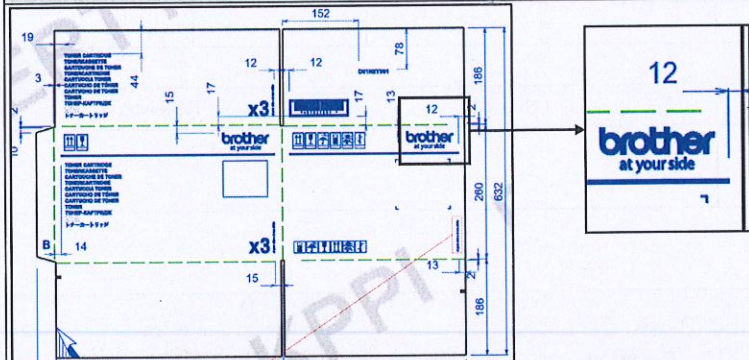
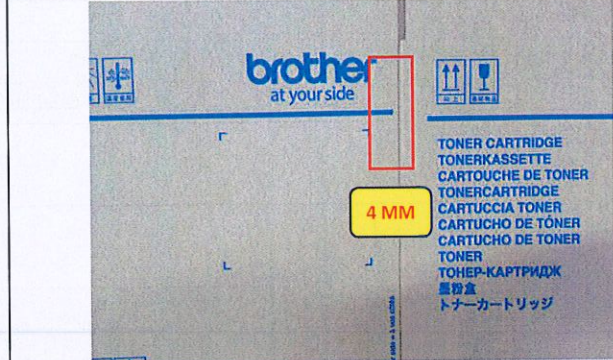
 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No.	
				AR2026-01-011	

I. Item Information					
Item Code	D01N2Y001		Customer	BROTHER	
Item Description	CARTON DEV UNIT EL X3		Delivery Date	260112	
Inspection Date	260110		Inspection Time	4:00 PM	
Lot Quantity	990 PCS.		Job Order Number	JO25-M-03790-7	
Affected Quantity	35 PCS.		Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:	
Rejection Rate and PPM	3.53%      35,353 PPM		Date Received	N/A	
Sampling Quantity (IQA)	N/A		Detection (Section / Area)	SCREENING 3	
Problem Description	MISALIGN PRINT		Delivery Receipt Number	N/A	

II. Visual Reference (Defect Illustration)	
GOOD	NO GOOD
	

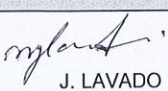
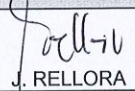
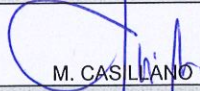
  

III. Documented Information Review (To be filled out by Qa Line Leader)					
Related Doc. Info.	Control Number	Requirement:	NO MISALIGN PRINT		
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018				
<input checked="" type="checkbox"/> Technical Drawing :	BIP-0647-01AB	Actual:	MISALIGN PRINT		
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010				
<input checked="" type="checkbox"/> Job Order :	JO25-M-C3790-7	Conclusion or Recommendation:	REJECT <div style="float: right;"> <input checked="" type="checkbox"/> Applicable  <input type="checkbox"/> Not Applicable         </div>		
<input checked="" type="checkbox"/> Reports :	AR2026-01-011				
<input checked="" type="checkbox"/> Defect Limit :	BROTHER DEFECT LIMIT				

IV. Initial Disposition (To be filled out by ME Department If Needed)					
<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,		
			Person In Charge	Target Date	Signature
Remarks:			JUDGEMENT <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. LAVADO	 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	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	



## 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								

		Reason	Total Quantity	Remarks	Received by
<input type="checkbox"/>	Pull-Out				
<input type="checkbox"/>	For Transfer				

## 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			

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		

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KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT  
(CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-01-000397

## I. Item Information

Customer	BROTHER INDUSTRIES (PHILS.), INC.	Inspection Date	260110	Shift:	<input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date	260112		
Item Code	D01N2Y001	Job Order No.	JO25-M-03790-7		
Item Description	CARTON DEV UNIT EL X3	Job Order Qty.	1,000		
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling		
Drawing Revision No.	P 900	Delivery Receipt No.	00237		
External Provider		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: 2:30						Time Conducted Sample #2: 5:00						Time Conducted Sample #3: 9:30					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	456		456	456	456	16						16					
2	364		364	364	364	17						17					
3	251		251	251	251	18						18					
4	15		15	15	15	19						19					
5	13		13	13	13	20						20					
6	14		14	14	14	21						21					
7	12		12	12	12	22						22					
8	78		78	78	78	23						23					
9						24						24					
10						25						25					
11						26						26					
12						27						27					
13						28						28					
14						29						29					
15						30						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:
	<input type="checkbox"/> Thickness Gauge	<input type="checkbox"/> Weighing Scale	<input type="checkbox"/> Steel Ruler	<input type="checkbox"/> Caliper	27-23497-019

## 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	1		1	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
Warpage	N			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 :				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	4		4	Dirt	N/A	N/A	N/A
Tear-off				Stain :	N/A	N/A	N/A
Peel-off	7		7	Discoloration	N/A	N/A	N/A
Damages : 64055116	13		13	Excess Flashes	N/A	N/A	N/A
Others : miss align print	35		35	Others :	N/A	N/A	N/A




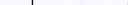



Joint Flap			Judgement		Type of Material			Judgement	
Requirement		Actual	Good	No Good	Requirement		Actual	Good	No Good
GLUED (Inside or Outside)	inside	inside	—		Corrugated	ARITA	ARITA	—	
					Flute	CE	CE	—	
STITCHED (Inside or Outside)	N/A	N/A			Others	N/A	N/A		

IV. Destructive Test (Based on Customer Requirement)				V. Barcode Print (If Only with Printed Barcode on Item)			
Requirement	Actual	Good	No Good	Scan 1		<input type="checkbox"/> Good	<input type="checkbox"/> No Good
N	A			Scan 2	N Z	<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			VII. Sampling Inspection Result		
Total Qty Inspected	990	<b>Defect Rate Formula:</b> $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$ <b>PPM Formula:</b> $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$	Total Sampling Qty Inspected		
Total Qty Good	930		Total Sampling Qty Good		
Total Qty NG	60		Total Sampling Qty NG		
Defect Rate in %	6.06%		Defect Rate in %		
in PPM	60,606 PPM	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>AR2026-01-011</u>	

Inspected by *	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
			
QA Screening Inspector	QA Line Leader	QA Supervisor / QA Asst. Supervisor	QA Head

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

Verified by (Signature over Printed Name)

R&R Staff

Received by (Signature over Printed Name)

QA Inspector

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