

KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No.	
				AR2026-01-019	
I. Item Information					
Item Code	19-Y926 A	Customer	MITSUMI		
Item Description	DRT-J583 CARTON BOX-R	Delivery Date	260113		
Inspection Date	260114	Inspection Time	11:00 AM		
Lot Quantity	2,584 PCS.	Job Order Number	JO26-M-00046-2		
Affected Quantity	53 PCS.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	2.05% 20,510 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2		
Problem Description	BURSTING	Delivery Receipt Number	N/A		
II. Visual Reference (Defect Illustration)					
GOOD			NO GOOD		
NO BURSTING					
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 :		MPI-0208-01AB-01			
<input checked="" type="checkbox"/> Work Instruction :		WI-QA-001-010	Conclusion or Recommendation: REJECT <div style="float: right; text-align: right;"> <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable </div>		
<input checked="" type="checkbox"/> Job Order :		JO26-M-00046-2			
<input checked="" type="checkbox"/> Reports :		AR2026-01-019			
<input checked="" type="checkbox"/> Defect Limit :		GENERAL 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			
<input type="checkbox"/> Backload		If item is for sorting, for backload, or for rework, fill-out below,			
		<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 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. E. RIVERA	 J. RELLORA		 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		

197

1000
1,387

OK (552)

4



Kanepackage Philippine Inc.

PR-001-F12-REV.00

MEMO: - None -
Hernandez, Adrian
SO #: SO26-M-00046

JOB ORDER

Customer : MITSUMI PHILIPPINES INC.		JOB ORDER: 65591 JO26-M-00046-2	
ITEM CODE: 19-Y926 A Netsuite Itemcode: 19-Y926 A			
Item Description : DRT-J583 CARTON BOX-R			
QTY: 2570	DELIVERY DATE: 2026-01-13	CREATED BY: JECIEL BALINGBING BUCE	DATE RELEASED: 2026-01-09

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
720X640 BF TX200	2570	15	N/A	2585	960	PW
					93985	QCB
					94070	

Tooling Ref# D-51A 12-21 ~~12-21~~ 12-P81 Ctrl/Batch #: RM Issued By: Elmer 1/13

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	1/10	BRAND		2585	1				
2. DIECUT S1700	1/13	JPE		2584	1				
3. DETACHING 1	1-13	NS		2584					
4. LOT NUMBERING	1-14		MD	1387					
5. SCREENING	1-14		MARCO ERIC	2,1387			197		
6.									
7.									
8.									
9.									

REJECTION/ ABNORMALITY HISTORY	
Customer Claim:	
Notes:	

REMARKS
PROD PLAN: ADD #9 PLAN 2026-013

PRODUCTION OUT
BY:
DATE:
KP SY

KANEPACKAGE PHILIPPINE, INC. REV00	
CUSTOMER	MITSUMI PHILIPPINES INC.
ITEM CODE	19-Y926 A
ITEM DESCRIPTION	DRT-J583 CARTON BOX-R
ITEM SIZE	260114-JO26-M-00046-2
LOT NUMBER	50 DCS.
QUANTITY	50 DCS.
MP	QA PASSED



KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

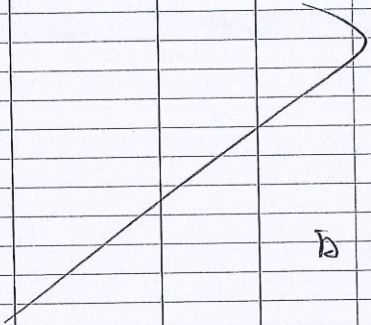
Control No.

SQB-01-000552

I. Item Information

Customer	MITSUMI PHILIPPINES INC.	Inspection Date	26/9/14	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	NORTH	Delivery Date	260113	
Item Code	19-Y926 A	Job Order No.	JO26-M-00046-2	
Item Description	DRT-J583 CARTON BOX-R	Job Order Qty.	2,570	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	01	Delivery Receipt No.	94376	
External Provider	M.C.B	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing	
			<input type="checkbox"/> SD1800	

II. Dimensional Inspection

Time Conducted Sample #1: 10:20			Time Conducted Sample #2: 12:20			Time Conducted Sample #3: 1:30					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	216	1.3	216	216	216	16	N				
2	135		135	135	135	17					
3	45		45	45	45	18					
4	114		114	114	114	19					
5	80		80	80	80	20					
6						21					
7						22					
8						23					
9						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:

25-25034-002

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	7		7	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)	83		83	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
Smear Print				Chip Off	N/A	N/A	N/A
Other Print Defect: Poor print	125		125	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: Bird stain	4		4	Scratches	N/A	N/A	N/A
Excess Glue				Foreign Materials	N/A	N/A	N/A
Gluing Defect:				Wet / Moist	N/A	N/A	N/A
Worn-out				Dirt	N/A	N/A	N/A
Dent	4		4	Stain:	N/A	N/A	N/A
Punctured	3		3	Discoloration	N/A	N/A	N/A
Tear-off				Excess Flashes	N/A	N/A	N/A
Peel-off				Others:	N/A	N/A	N/A
Damages:							
Others: / misalign print	1		1				

**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)	<i>K</i>			Corrugated	<i>TK200</i>	<i>TK200</i>	<i>/</i>
STITCHED (Inside or Outside)	<i>/</i>	<i>K</i>		Flute	<i>BT</i>	<i>BT</i>	<i>/</i>
				Others	<i>K</i>	<i>/</i>	<i>/</i>
IV. Destructive Test (Based on Customer Requirement)				V. Barcode Print (If Only with Printed Barcode on Item)			
Requirement	Actual	Good	No Good	Scan 1	<i>K</i>	<input type="checkbox"/> Good	<input type="checkbox"/> No Good
<i>K</i>	<i>/</i>			Scan 2	<i>/</i>	<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	<i>2584</i>	Defect Rate Formula:		Total Sampling Qty Inspected	<i>K</i>		
Total Qty Good	<i>2387</i>	Total Quantity NG		Total Sampling Qty Good			
Total Qty NG	<i>197</i>	Total Qty. Inspected x100		Total Sampling Qty NG			
Defect Rate in %	<i>7.62%</i>	PPM Formula:		Defect Rate in %	<i>/</i>		
in PPM	<i>76235</i>	Total Quantity NG x1,000,000		in PPM			
VIII. Disposition				IX. Remarks			
<input checked="" type="checkbox"/> Good	<input type="checkbox"/> For Special Acceptance						
<input type="checkbox"/> Backload	<input type="checkbox"/> Conditional (Please indicate details)						
<input type="checkbox"/> For Sorting							
<input type="checkbox"/> For Rework							
Abnormality Report Control No.: <i>ARC2026-01-018/119</i>							
Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)				
<i>J.R.NERD</i>	<i>[Signature]</i>		<i>[Signature]</i>				
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				R&R Staff			
				Received by (Signature over Printed Name)			
				QA Inspector			

[illegible]