

 KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No.	
				AR2026-01-020	

I. Item Information					
Item Code	D02Y4T001	Customer	BROTHER		
Item Description	PRINTED CARTON E115B CHN	Delivery Date	260115		
Inspection Date	260114	Inspection Time	7:00 AM		
Lot Quantity	1,566 PCS.	Job Order Number	JO25-M-03790-22		
Affected Quantity	74 PCS.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	4.72% 47,254 PPM	Date Received	N/A		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2		
Problem Description	DAMAGE 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 DAMAGE PRINT		
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	WITH DAMAGE PRINT		
<input checked="" type="checkbox"/> Technical Drawing :	BIP-0616-01AB-02				
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010				
<input checked="" type="checkbox"/> Job Order :	JO25-M-03790-22				
<input checked="" type="checkbox"/> Reports :	AR2026-01-020	Conclusion or Recommendation:	REJECT <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable 		
<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 type="checkbox"/> FOR CAR ISSUANCE <input checked="" type="checkbox"/> FOR IRF ISSUANCE
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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		



Kanepackage Philippine Inc.

JOB ORDER

PR-001-F-2-REV.00

MEMO: - None -

Manaig Rea, Villanueva

SO #: SO25-M-03790

Customer : BROTHER INDUSTRIES (PHILS.), INC.

JOB ORDER:



ITEM CODE: **D02Y4T001**

JO25-M-03790-22

Netsuite Itemcode: D02Y4T001

Item Description : PRINTED CARTON E115B CHN

QTY: **1700**

DELIVERY DATE:
2026-01-15

CREATED BY:
Javier, Sharlotte Nicole

DATE RELEASED:
2026-01-08

Raw Material Code:	Qty To Be Used:	Over Run:	Cut Size:	Actual Issued:	DR#:	SUPPLIER:
475X728 EF NPK170	1700	20	N/A	1720	79	FW

Tooling Ref# 5-49

F-60A N1-P198

Ctrl/Batch #:

RM Issued By: em 1/10

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1. EQOS	1/12	FWJC	Joan 1/12	1720	G	R			
2. DIECUT S1700	1/12	JRS		1500	G	R			MISCALINE PRINT 104 pcs.
3. DETACHING 1	1-13	ns		1500	G	R			
4. GLUING SD 1800	1/13	deusa Norough Ardu		1500	G	R			
5. LOT NUMBERING	1/14		Joan	1700	G	R			
6. SCREENING	1/13		ERIC	1480	G	R	80		
7.									
8.									
9.									

REJECTION/ ABNORMALITY HISTORY

Customer Claim:

Notes:

REMARKS

PROD PLAN: ADD #0 PLAN 2026-015

PRODUCTION OUT

BY: df

DATE: 1/13

IP SYSTEM

KANEPACKAGE PHILIPPINES INC.	
Part Code	D02Y4T001
Part Name	PRINTED CARTON E115B CHN
Production Date	280114
Lot Number	JO25-M-03790-22
Quantity	20 pcs.
P.O.	N/A
Mold No./Cavity	N/A
Operator	QA-CG6125
Remarks	MP



STAMP
✓ df
01-14

STAMP

SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.
SQB-01-000550

I. Item Information

Customer	BROTHER INDUSTRIES (PHILS.), INC.	Inspection Date	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	260115
Item Code	D02Y4T001	Job Order No.	JO25-M-03790-22
Item Description	PRINTED CARTON E115B CHN	Job Order Qty.	1,700
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling
Drawing Revision No.	02	Delivery Receipt No.	79
External Provider	PW	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing <input checked="" type="checkbox"/> SD1800

II. Dimensional Inspection

Time Conducted Sample #1: 6:20			Time Conducted Sample #2: 6:50			Time Conducted Sample #3: 8:50					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	234	±3	234	234	234	16					
2	94.5		94.5	94.5	94.5	17					
3	254		254	254	254	18					
4	206	206	206	206	19						
5	206	±8	206	206	206	20					
6	64		64	64	64	21					
7						22					
8					23						
9					24						
10					25						
11					26						
12					27						
13					28						
14					29						
15					30						

Measuring ☐ Meter Tape ☐ Moisture Content Tester ☐ Zahn Cup ☐ Stopwatch Control Number of Measuring Tool Used: 25-2004-022
Tool Used: ☐ 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	4		4	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)				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: Damage print	74		74	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: Oil 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				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:							

86



**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	UPK170	UPK170	
				Flute	EP	EP	
STITCHED (Inside or Outside)			no	Others			no

IV. Destructive Test (Based on Customer Requirement)

Requirement	Actual	Good	No Good
2		P	

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

Scan 1		<input type="checkbox"/> Good	<input type="checkbox"/> No Good
Scan 2		<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

Total Qty Inspected		1866	Defect Rate Formula: Total Quantity NG Total Qty. Inspected x100
Total Qty Good		1480	
Total Qty NG		84	
Defect Rate	in % in PPM	5.49% / 5491.99 ppm	PPM Formula: Total Quantity NG Total Qty. Inspected x1,000,000

VII. Sampling Inspection Result

Total Sampling Qty Inspected	
Total Sampling Qty Good	1
Total Sampling Qty NG	2
Defect Rate in %	
in PPM	

VIII. Disposition

☐ Good ☐ For Special Acceptance

☐ Backload ☐ Conditional (Please indicate details)

☐ For Sorting

☐ For Rework

Abnormality Report Control No.: AP2016-01-020

IX. Remarks

IX. Remarks	
<p>1. The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, regarding the land ownership of the area described in the above table:</p> <p>2. The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, regarding the land ownership of the area described in the above table:</p>	

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
J. RIVERA	J. Rivera		
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				

XI. Overall Inspection Time

CORRUGATED AND MOULDED ITEMS

[illegible]