

ABNORMALITY REPORT

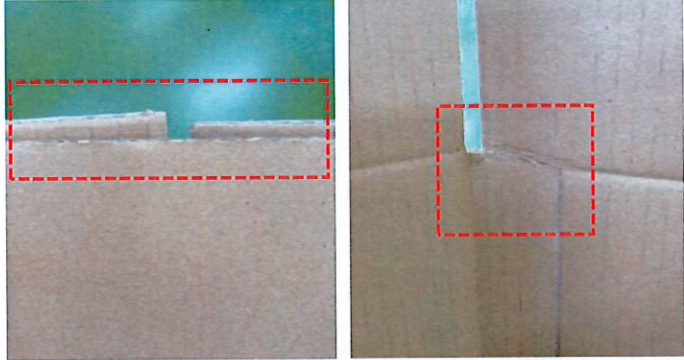
Control No.

AR2026-01-052

I. Item Information

| | | | |
|-------------------------|------------------|----------------------------|---|
| Item Code | RRM08BV-H | Customer | GOLD KOGYO |
| Item Description | GR78 MASTER BOX | Delivery Date | 260122 |
| Inspection Date | 260122 | Inspection Time | 9:00 PM |
| Lot Quantity | 458 PCS. | Job Order Number | JO25-M-03518-3 |
| Affected Quantity | 22 PCS. | Origin | <input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER: |
| Rejection Rate and PPM | 4.80% 48,034 PPM | Date Received | N/A |
| Sampling Quantity (IQA) | N/A | Detection (Section / Area) | SCREENING 3 |
| Problem Description | MISALIGN GLUE | Delivery Receipt Number | N/A |

II. Visual Reference (Defect Illustration)

| | |
|-------------------------|--|
| GOOD | NO GOOD |
| NO MISALIGN GLUE |  |

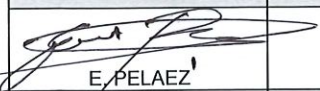


III. Documented Information Review (To be filled out by Qa Line Leader)

| | | | |
|---|----------------------|-------------------------------|---|
| Related Doc. Info. | Control Number | Requirement: | NO MISALIGN GLUE |
| <input checked="" type="checkbox"/> Procedure Manual : | PM-QA-018 | Actual: | WITH MISALIGN GLUE |
| <input checked="" type="checkbox"/> Technical Drawing : | GDK-0049-01AB | | |
| <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-03518-3 | | |
| <input checked="" type="checkbox"/> Reports : | AR2026-01-052 | | |
| <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 | If item is for sorting, for backload, or for rework, fill-out below, |
| <input type="checkbox"/> Backload | | <input type="checkbox"/> Good | |
| | | <input type="checkbox"/> For Sorting | Target Date |
| | | <input type="checkbox"/> For Rework | Signature |

| | |
|----------|--|
| Remarks: | <p style="text-align: right;">JUDGEMENT <i>(If subject is for issuance of IRF / CAR)</i></p> <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 |
|  E. PELAEZ QA Inspector |  J. RELORA QA Line Leader | |  M. CASILLANO QA Head | |
| | | ME Head | QA Head | QA Staff |

| | | | |
|--|---------------------------------------|----------------|--------------------------------------|
| <p>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.</p> | Evaluation | Approved by | Final Disposition |
| | <input type="checkbox"/> <80% No Need | | <input type="checkbox"/> Backload |
| | <input type="checkbox"/> >80% Need | Top Management | <input type="checkbox"/> Accept |
| | | | <input type="checkbox"/> Other _____ |

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 | | |

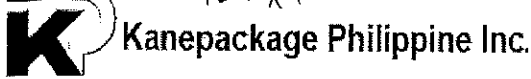
Note: All details must be filled out completely. Submit this form to Line Leader immediately after accomplishment.

TAG - 200x1
 WARE 210x1

994

150x3
 100x1

PR-001-F12-REV.00



MEMO: - None -
 Dela Cerna, Jessa Mae
 SO #: SO25-M-03518

JOB ORDER

| | | | |
|--|---------------------------|---------------------------------------|---------------------------|
| Customer: GOLD KOGYO LAGUNA PHILIPPINES INC. | | JOB ORDER: JO25-M-03518-3 | |
| ITEM CODE: RRM08BV-H GR78 MASTER | | QR CODE | |
| Netsuite Itemcode: RRM08BV-H GR78 MASTER | | | |
| Item Description: BOX | | | |
| QTY: 1050 | DELIVERY DATE: 2026-01-22 | CREATED BY: Mendonez, Jhee Ann Manalo | DATE RELEASED: 2026-01-15 |

| Raw Material Code: | Qty To Be Used: | Over Run: | Cut Size: | Actual Issued: | DR#: | SUPPLIER: |
|---------------------|-----------------|-----------|-----------|----------------|--------|-----------|
| 832X1113 CF TX175-C | 1050 | 15 | N/A | 1065 | | |
| 832X1113 CF TX175-C | 1050 | 15 | N/A | 1065 | 372490 | SP |
| | 0 | | | | | |
| | 0 | | | | | |
| | 0 | | | | | |
| | 0 | | | | | |
| | 0 | | | | | |
| | 0 | | | | | |
| | 0 | | | | | |
| | 0 | | | | | |

Tooling Ref# - _____ Ctrl/Batch #: _____ RM Issued By: *Timer 1/20*

| PROCESS / MACHINE | DATE | IN-CHARGE | | GOOD QTY | TRIAL RUN | | REJECTED QTY | | REMARKS |
|----------------------|------|-----------|---------|--------------------|-----------|---|--------------|----------|----------|
| | | Operator | ME/QA | | G | R | INHOUSE | SUPPLIER | |
| 1. EQOS | 1/20 | EJAE | ZA 1/20 | A- 1065 B- 1065 | G | R | | | |
| 2. GLUING CONVEYOR 2 | 1/22 | JM | 1/22 | 581 458 | G | R | 26 | | |
| 3. LOT NUMBERING | 1/22 | | ana | 500 | G | R | | | |
| 4. SCREENING | 1/22 | | ALEX | 556 | G | R | 25 | | |
| 5. | 1/22 | | EPREM | 410 | G | R | 48 | | |
| 6. | | | | | G | R | | | no 01-22 |
| 7. | | | | | | | | | 1020 |
| 8. | | | | | | | | | no 01-22 |
| 9. | | | | | | | | | add |
| | | | | | | | | | no 01-22 |

| REJECTION/ ABNORMALITY HISTORY | |
|--------------------------------|-------------|
| Customer Claim: | Notes: |
| <i>RECEIVED FROM OUT</i> | <i>1/22</i> |

REMARKS
 PROD PLAN: ADD #0 PLAN 2026-022
 581 QA - Jm 1/22

KANEPACKAGE PHILIPPINE, INC. REV.0
 CUSTOMER: GOLD KOGYO LAGUNA PHIL. INC.
 ITEM CODE: RRM08BV-H GR78
 ITEM DESCRIPTION: MASTER BOX
 ITEM SIZE:
 LOT NUMBER: 260122-JO25-M-03518-3
 QUANTITY: 10 pcs.
 ROHS OK
 QA-KP012
 QA PASSED



KANEPACKAGE PHILIPPINE, INC. REV.0
 CUSTOMER: GOLD KOGYO LAGUNA PHIL. INC.
 ITEM CODE: RRM08BV-H GR78
 ITEM DESCRIPTION: MASTER BOX
 ITEM SIZE:
 LOT NUMBER: 260122-JO25-M-03518-3
 QUANTITY:
 ROHS OK
 QA-CG2371

**SCREENING INSPECTION REPORT
(CORRUGATED AND MOULDED ITEMS)**

Control No.
SQA-01-000994

I. Item Information

| | | | |
|----------------------|---|----------------------|--|
| Customer | GOLD KOGYO LAGUNA PHILIPPINES INC. | Inspection Date | 20-01-22 Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night |
| Location | 0 | Delivery Date | 260122 |
| Item Code | RRM08BV-H GR78 MASTER | Job Order No. | JO25-M-03518-3 |
| Item Description | BOX | Job Order Qty. | 1,050 |
| Model | N/A | Inspection Method | <input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling |
| Drawing Revision No. | 00 | Delivery Receipt No. | 3921100 |
| External Provider | SP | 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: 8:30 | | | Time Conducted Sample #2: 1:06 | | | Time Conducted Sample #3: 2:40 | | | | | |
|---------------------------------------|---------------|-----------|---------------------------------------|-----------|-----------|---------------------------------------|---------------|-----------|-----------|-----------|-----------|
| Checkpoints | Drawing Specs | Tolerance | Sample #1 | Sample #2 | Sample #3 | Checkpoints | Drawing Specs | Tolerance | Sample #1 | Sample #2 | Sample #3 |
| 1 | 635 | | 636 | 635 | 636 | 16 | | | | | |
| 2 | 470 | + - | 470 | 471 | 470 | 17 | | | | | |
| 3 | 385 | g | 385 | 386 | 386 | 18 | | | | | |
| 4 | 872 | | 872 | 872 | 872 | 19 | | | | | |
| 5 | 475 | | 474 | 475 | 475 | 20 | | | | | |
| 6 | 28 | + - | 28 | 28 | 28 | 21 | | | | | |
| 7 | 52 | 5 | 56 | 57 | 57 | 22 | | | | | |
| 8 | 100 | | 100 | 100 | 99 | 23 | | | | | |
| 9 | | | | | | 24 | | | | | |
| 10 | | | | | | 25 | | | | | |
| 11 | | | | | | 26 | | | | | |
| 12 | | | | | | 27 | | | | | |
| 13 | | | | | | 28 | | | | | |
| 14 | | | | | | 29 | | | | | |
| 15 | | | | | | 30 | | | | | |

| | | | | | |
|------------|--|--|--------------------------------------|------------------------------------|---|
| Measuring | <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: 25-22172-019 |
| Tool Used: | <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 | 6 | | 6 | 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 | | | |
| Uneven Kraft liner | | | | 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) | 1 | | 1 | 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 | 3 | | 3 | 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 | | | | D. MOULDED ITEMS | | | |
| Smeared Print | | | | 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 | 2 | | 2 | Warp / Deform | N/A | N/A | N/A |
| Stain : <u>Glue stain/oil</u> | 7 | | 7 | Crack | N/A | N/A | N/A |
| Excess Glue | | | | Broken | N/A | N/A | N/A |
| Gluing Defect : <u>Miss align glue</u> | 22 | | 22 | Scratches | N/A | N/A | N/A |
| Worn-out | | | | Foreign Materials | N/A | N/A | N/A |
| Dent | 2 | | 2 | 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 | 1 | | 1 | 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) | INCLIVE | INCLIVE | - | Corrugated | 1x175 | 1x175 | - |
| STITCHED (Inside or Outside) | u | | a | Flute | CF | CF | - |
| | | | | Others | u | | 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 | Scan 2 | <input type="checkbox"/> Good | <input type="checkbox"/> No Good |
| | u | | a | | u | a | a |
| 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 | 1158 | Defect Rate Formula: $\frac{\text{Total Qty. NG}}{\text{Total Qty. Inspected}} \times 100$ PPM Formula: $\frac{\text{Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$ | Total Sampling Qty Inspected | | |
| Total Qty Good | 1110 | | Total Sampling Qty Good | | |
| Total Qty NG | 48 | | Total Sampling Qty NG | u | |
| Defect Rate | in % in PPM | 10-48% / 104,803 PPM | Defect Rate | in % | in PPM |
| | | | a | | |

| 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>PR2026-01-052</u> | |
| <input type="checkbox"/> For Special Acceptance <input type="checkbox"/> Conditional (Please indicate details) | | | |

| Inspected by | Checked by | Approved by (If there are major concerns) | Verified by (If there are major concerns) |
|------------------------|--------------------|--|--|
| E. PELAEZ | <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 |
| | Good | No-Good | |
| u | | a | |
| Total | | | |

Verified by (Signature over Printed Name)

R&R Staff

Received by (Signature over Printed Name)

QA Inspector

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