

ABNORMALITY REPORT


Control No.

AR2026-02-046

I. Item Information

Item Code	D03MBD001 2 OUTS	Customer	BROTHER INDUSTRIES
Item Description	CARTON SHEET M21	Delivery Date	260216
Inspection Date	260218	Inspection Time	1600H
Lot Quantity	8,000 PCS	Job Order Number	JO26-M-00113-75
Affected Quantity	154 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	1.93% 19,250 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 2
Problem Description	PEEL OFF	Delivery Receipt Number	N/A

II. Visual Reference (Defect Illustration)

GOOD	NO GOOD
<p>Edge : Should be <5mm x 10mm Other : Max of 16mm²</p>	

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

Related Doc. Info.	Control Number	Requirement:	MAX OF 16MM
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	155mmX35mm
<input checked="" type="checkbox"/> Technical Drawing :	BIP-1051-01AD-01		
<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 :	JO26-M-00113-75		
<input checked="" type="checkbox"/> Reports :	AR2026-02-046		
<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	
		<input type="checkbox"/> For Sorting	Target Date
		<input type="checkbox"/> For Rework	Signature

Remarks:	JUDGEMENT <i>(If subject is for issuance of IRF / CAR)</i>
	<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
M.J. LAVADO	J. PAMPLONA		M. CASILLANO	
QA Inspector	QA Line Leader	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	Top Management	<input type="checkbox"/> Backload
	<input type="checkbox"/> >80% Need		<input type="checkbox"/> Accept
			<input type="checkbox"/> Other _____

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		

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

1000x2
480x1
1000x2
340M

1257

KANEPACKAGE PHILIPPINE INC.

PR-001-F12-REV.00

JOB ORDER

MEMO:

MANAIG, RHEA V.
SO #: SO26-M-00113

Customer : BROTHER INDUSTRIES (PHILS.), INC.		JOB ORDER:	
ITEM CODE: D03MBD001 2 OUTS		JOM0068734	
NetSuite Itemcode: D03MBD001 2 OUTS		KPSYSTEM : JO26-M-00113-75	
Item Description : CARTON SHEET M21 (REVISED BLADE, CYREL, MATERIAL)			
QTY: 8000	DELIVERY DATE: 2026-2-16	CREATED BY: NENE VILLANUEVA	DATE RELEASED: 2026-2-12
Raw Material Code: 1176X708 CBF TX140	Qty To Be Used: 4000	Over Run: 5	Cut Size: N/A
		Actual Issued: 4005	DR#: 274259
			SUPPLIER: SP

Tooling Ref# - 71 76 Ctrl/Batch #: _____ RM Issued By: Etaner 2/16

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1.EQOS	2/16	DATE	2/16/16	4005	G	R			
2.DIECUT S1700	2-17	RM		4100	G	R			
3.DETACHING	2/18	DS		5000 3000	G	R			
4.LOT NUMBERING					G	R			
5.SCREENING	2/18		JAM	3480 2000	G	R	800 74		
	2/18		ERC	2840	G	R	73		
	11-59		2000 8000		G	R			
	11-59		2000 820		G	R			

REJECTION / ABNORMALITY HISTORY:

Customer Claim: _____
 Notes: _____
 REJECTION / ABNORMALITY HISTORY: _____

REMARKS:
 5000 to QA on 2/18

KANEPACKAGE PHILIPPINES INC.		
Part Code	D03MBD001	
Part Name	CARTON SHEET M21	STAMP 2/18/24
Production Date	280218	
Lot Number	SO26-M-00113-75	STAMP
Quantity	20 pcs.	
P.O.	N/A	
Mold No./Cavity	N/A	
Operator	QA-CG6126	
Remarks	MP	

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

Control No.
SQB-02-001257

I. Item Information

Customer	BROTHER INDUSTRIES (PHILS.), INC.	Inspection Date	260218	Shift:	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	BATANGAS	Delivery Date	260216	Job Order No.	JO26-M-00113-75
Item Code	D03MBD001 2 OUTS	Job Order Qty.	8,000	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling
Item Description	CAROTIN SHEET M2T (REVISED BLADE CYREL MATERIAL)	Delivery Receipt No.	334287	Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing
Model	N/A			<input type="checkbox"/> SD1800	
Drawing Revision No.	00				
External Provider	CP				

II. Dimensional Inspection

Time Conducted Sample #1: 2:05			Time Conducted Sample #2: 2:10			Time Conducted Sample #3: 2:15					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1	6068	+0	6068	6068	6067	16					
2	563		563	563	563	17					
3	145		145	145	144	18					
4	145	-5	145	145	145	19					
5	70	+5/-0	70	70	70	20					
6	155		155	156	155	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: 25-21039-186
	<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	2		2	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	2		2	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: _____				Warp / Deform	N/A	N/A	N/A
Linemark				Crack	N/A	N/A	N/A
Fish-eye	3		3	Broken	N/A	N/A	N/A
Stain: BIRD STAIN/DIRT	2		2	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	12		12	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	5		5	Others: _____	N/A	N/A	N/A
Damages: _____							
Others: _____							

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KANEPACKAGE PHILIPPINE INC.

SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.

SQB-02-001257

I. Item Information

Customer	BROTHER INDUSTRIES (PHILS.), INC.	Inspection Date	26/01/18	Shift:	<input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date		260216	
Item Code	D03MBD001 2 OUTS	Job Order Number		JO26-M-00113-75	
Item Description	CAROTN SHEET M21 (REVISED BLADE CYREL MATERIAL)	Job Order Qty.		8,000	
MODEL	N/A	Inspection Method	<input checked="" type="checkbox"/> 100%	<input type="checkbox"/> Sampling	
Drawing Revision No.	00	Delivery Receipt No.		37425-01	
External Provider	BP	Gluing Process	<input type="checkbox"/> Manual Gluing	<input type="checkbox"/> Semi-Auto Gluing	
			<input type="checkbox"/> SD1800		

II. Dimensional Inspection

Time Conducted Sample #1: 8:20			Time Conducted Sample #2: 8:30			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
1	628		628	628	628	16					
2	563	+0	563	563	563	17	N				
3	145		145	145	145	18					
4	145	-5	145	145	145	19					
5	70		70	70	70	20					
6	155	+5	155	155	155	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: 25-2804022
	<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	N			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				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				Dirt	N/A	N/A	N/A
Tear-off				Stain : _____	N/A	N/A	N/A
Peel-off		F3	F3	Discoloration	N/A	N/A	N/A
Damages : _____				Excess Flashes	N/A	N/A	N/A
Others : _____				Others : _____	N/A	N/A	N/A

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)	N			Corrugated	TX175	TX175	
STITCHED (Inside or Outside)			A	Flute	CBP	CBP	
				Others			

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	Good	No Good
	N		B		N	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

VI. Inspection Result			VII. Sampling Inspection Result		
Total Qty Inspected	2413	Defect Rate Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 100$ PPM Formula: $\frac{\text{Total Quantity NG}}{\text{Total Qty. Inspected}} \times 1,000,000$	Total Sampling Qty Inspected	10	
Total Qty Good	2340		Total Sampling Qty Good		
Total Qty NG	73		Total Sampling Qty NG		
Defect Rate in % in PPM	3.02% / 30282.8PPM		Defect Rate in % 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.:		

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
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							
Date	No. of Manpower	Qty	Time Start	Time End	Downtime	Total	Cause of Downtime
N							