

ABNORMALITY REPORT


Control No.

AR2026-03-083

I. Item Information

Item Code	HP01D2000-3	Customer	KOWA-EMORI
Item Description	CARTON BOX	Delivery Date	260321
Inspection Date	260323	Inspection Time	3:00 PM
Lot Quantity	7,438 PCS.	Job Order Number	JO26-M-00514-8
Affected Quantity	123 PCS.	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	1.65% 16,536 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	PRODUCTION SD-1800
Problem Description	BURSTING	Delivery Receipt Number	N/A

II. Visual Reference (Defect Illustration)

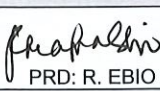
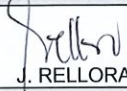
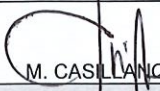
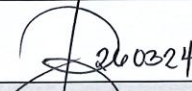
GOOD	NO GOOD
<p>ACCEPTABLE UP TO 5MM AND AS LONG AS CORRUGATED MEDIUM IS NOT EXPOSE</p>	

Related Doc. Info.	Control Number	Requirement:	ACCEPTABLE UP TO 5MM AND AS LONG AS CORRUGATED MEDIUM IS NOT EXPOSE
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	WITH BURSTING UP TO 15MM
<input checked="" type="checkbox"/> Technical Drawing :	EMO-0100-01AB-07	Conclusion or Recommendation:	REJECT <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010		
<input checked="" type="checkbox"/> Job Order :	JO26-M-00514-8		
<input checked="" type="checkbox"/> Reports :	AR2026-03-083		
<input checked="" type="checkbox"/> Defect Limit :	KOWA-EMORI 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
		<input type="checkbox"/> For Sorting		Target Date
		<input type="checkbox"/> For Rework		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
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Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
 PRD: R. EBIO	 J. RELORA		 M. CASILLANO	 260324
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		<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.

4

270

1500
1270

359


KANEPACKAGE PHILIPPINE INC.

PR-001-F12-REV.00

JOB ORDER

MEMO:

TANAY, SHAINÉ
SO #: SO26-M-00514

Customer : KOWA-EMORI PHILIPPINES, INC.		JOB ORDER:
ITEM CODE: HP01D2000-3		JOM0071932
NetSuite Itemcode: HP01D2000-3		KPSystem : JO26-M-00514-8

Item Description : CARTON BOX			
QTY: 7500	DELIVERY DATE: 2026-3-21	CREATED BY: Bernadette Suaverdez	DATE RELEASED: 2026-3-16

Raw Material Code: 779X701 BF TX200	Qty To Be Used: 3750	Over Run: 10	Cut Size: N/A	Actual Issued: 3760	DR#: 3251	SUPPLIER: PW
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Tooling Ref#: E7-40-220 *ES1-7* *SP-1* **Ctrl/Batch #:** _____ **RM Issued By:** *Jams 3/18*

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1.EQOS	3/19	YEMMR	<i>Pic</i>	3760	G	R			
2 DIECUT ETERNA	3/19	GARR		<i>464</i> 3285	G	R	7	30	
3.GLUING SD 1800	3/19	<i>Red Jessa Glory Nela Nelson Arden</i>		<i>2800 926</i> 3589	G	R		123	<i>rejection notice</i>
4.GLUING CONVEYOR 1		<i>JIMBK Jamin Arden Gerick Marie Nish</i>		<i>3810 397</i> 3160	G	R			
5.LOT NUMBERING	10/20		<i>DVEN</i>	<i>1108 + 270</i>	G	R			
6.SCREENING	3/20		<i>Alvin Efran Joshua</i>	1500+ 1500	G	R			
	3-20		<i>WMMC K. VILAS</i>	3000	G	R			
	3/23		<i>Joshua</i>	1270	G	R		37	
					G	R			

QA REJECT DATE 26-03-23
TRAY 10-22
QTY 7207
26-03-23
7270
26-03-23
57

PRODUCTION OUT
3/23
KP SYSTEM

REJECTION / ABNORMALITY HISTORY:

Customer Claim: _____

Notes: _____

REMARKS:
3810 TO GA BEAD 3/20
3100 TO QA KOWA 3/20

KOWA-EMORI PHILIPPINES INC.	Quantity
Item Code: HP01D2000-3	10 pct
Item Description: CARTON BOX	Supplier's QC PASSED INSPECTION
Lot No. / Ret. No. 260323-00514-8	Rolls OK QA-CGMW HP



KANEPACKAGE PHILIPPINE INC.

REJECTION NOTICE

Control No.: **186366**

Date: **11/1/03**

Item Description: **PAKED BOX** Customer: **LYONEL**
 Item Code: **11110766-3** Job Order No.: **3176 11-00000**
 Date Received: **11/1/03** D.R. No.: **2701**
 Lot Quantity: **711** External Provider: **711**

EXTERNAL PROVIDER	Nature of Defects	Quantity	Nature of Defects	Quantity	Total Qty. Rejected
	Pinching	123			
IN-HOUSE					

Prepared by [Signature]	Department / Section Production	Approved by [Signature]	Received by [Signature]	Disposition <input type="checkbox"/> For Backload <input type="checkbox"/> For Disposal
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Technical Report No. _____
 Remarks _____

JOB ORDER COPY

QA-003-F02 REV.03

