

ABNORMALITY REPORT

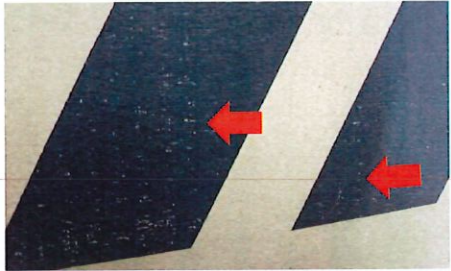
Control No.

AR2026-03-084

I. Item Information

Item Code	00991247-01	Customer	SANYO DENKI
Item Description	PRINT SPECIFICATION	Delivery Date	260324
Inspection Date	260323	Inspection Time	8PM
Lot Quantity	650 PCS	Job Order Number	JO26-M-00622-15
Affected Quantity	20 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	3.08% 30,769 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 5
Problem Description	POOR PRINT	Delivery Receipt Number	N/A

II. Visual Reference (Defect Illustration)

GOOD	NO GOOD
NO POOR PRINT	

Related Doc. Info.	Control Number	Requirement:	ACCEPTABLE UP TO LEVEL 15 PRINT LIMIT CRITERIA
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	DID NOT MEET UP TO LEVEL 15 PRINT LIMIT CRITERIA
<input checked="" type="checkbox"/> Technical Drawing :	SDP-0988-01		
<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-00622-15		
<input checked="" type="checkbox"/> Reports :	AR2026-03-084		
<input checked="" type="checkbox"/> Defect Limit :	SDP 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 <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
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Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By
C. MONTANO	A. FILIPINAS		M. CASILLANO	260324
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	Top Management	<input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____

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 Manpower	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 Manpower	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 Manpower	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.

4:04-1:52

Amount - 63.004

mw

1424

KANEPACKAGE PHILIPPINE INC.

PR-001-F12-REV.00

MEMO:

JOB ORDER

Jhanine Santiago
SO #: SO26-M-00622

Customer : SANYO DENKI PHILS INC	JOB ORDER: JOM0072079 KPSystem : JO26-M-00622-15
ITEM CODE: 00991247-01	
NetSuite Itemcode: 00991247-01	

Item Description : PRINT SPECIFICATION			
QTY: 650	DELIVERY DATE: 2026-3-24	CREATED BY: Sharlotte Nicole Javier	DATE RELEASED: 2026-3-19

Raw Material Code: 600x1368 CBF TX200	Qty To Be Used: 650	Over Run: 20	Cut Size: 600X1338 + 10mm CBF	Actual Issued: 620	DR#: 0000246	SUPPLIER: RW
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Tooling Ref# - _____ Ctrl/Batch #: _____ RM Issued By: JR 2/19/26

PROCESS / MACHINE	DATE	IN-CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1.AUTO SLITTER	3/19	CB		620	G	R			
2.EQOS	3/20	YEMCP	AS 3/20	620	G	R			
3.GLUING SA 2600	3/23	CM		620	G	R			
4.LOT NUMBERING	3/19		ROUCH	620	G	R			
5.SCREENING	3/20		CEZAR	590	G	R	30		
					G	R			
					G	R			
					G	R			

REJECTION / ABNORMALITY HISTORY:

Customer Claim: _____

Notes: _____

REMARKS: _____

SANYO DENKI PHILIPPINES INC.

Item Code: 00991247-01

Item Description: ROX PRINT SPECIFICATION

Lot No. / Ref. No.: 260923-00622-15

Supplied By: _____

PASSED INSPECTION

ROX OK

QA-0524

BY: _____

I. Item Information

Customer	SANYO DENKI PHILS INC	Inspection Date	260923	Shift	<input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	NORTH	Delivery Date	280324	Job Order No.	JO26-M-00622-15
Item Code	00991247-01	Job Order Qty.	650	Inspection Method	<input type="checkbox"/> 100% <input type="checkbox"/> Sampling
Item Description	PRINT SPECIFICATION	Delivery Receipt No.	0009246	Gluing Process	<input type="checkbox"/> Manual Gluing <input checked="" type="checkbox"/> Semi-Auto Gluing
Model	N/A			<input type="checkbox"/> SD1800	
Drawing Revision No.	01				
External Provider	P.H.				

II. Dimensional Inspection

Time Conducted Sample #1:	4:04	Time Conducted Sample #2:	4:50	Time Conducted Sample #3:	5:52					
Sample	Drawing Specs	Tolerance	Inner Dimension			Other Critical Dimension			Printing Movement	Handhole
			Length	Width	Height	Length	Width	Height		
1	285		370	261	311					
2	260		370	261	311					
3	310	+5	370	261	311					
4	320	-5				304	304	304		
5	60					60	60	60		
6	268					268	268	268		
7	10								11	
8	40								41	
9	70	+5							71	
10	30								31	
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Measuring Tool Used: Meter Tape Thickness Gauge Control Number: 26-27025-04 Moisture Content Tester Zahn Cup Stopwatch Weighing Scale Steel Ruler Calliper

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
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			
Uneven Kraft liner				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				D. MOULDED ITEMS			
Smeared Print				In-house	External Provider	Total Quantity	
Other Print Defect: POOR PRINT	20		20	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:	3		3	Crack	N/A	N/A	N/A
Excess Glue	2		2	Broken	N/A	N/A	N/A
Gluing Defect:				Scratches	N/A	N/A	N/A
Worm-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				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			
Requirement	Actual	Good	No Good	Requirement	Actual	Good	No Good
GLUED (Inside or Outside)	INSIDE	INSIDE	—	Corrugated	TYPE	TYPE	—
STITCHED (Inside or Outside)	H	I	A	Flute	CAF	CAF	—
				Others	H	I	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	Good	No Good
H	I	A		H	I		

VI. Inspection Result			VII. Sampling Inspection Result		
Total Qty Inspected	620	PPM Formula: $\frac{\text{Total Qty. NG}}{\text{Total Qty. Inspected}} \times 1,000,000$	Total Sampling Qty Inspected		
Total Qty Good	590		Total Sampling Qty Good		
Total Qty NG	30		Total Sampling Qty NG	H / I / A	
Defect Rate (PPM)	4.84% / 48,387.1 PPM		Defect Rate (PPM)		

VIII. Disposition		IX. Remarks	
<input checked="" type="checkbox"/> Good <input type="checkbox"/> Backload <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework	<input checked="" type="checkbox"/> For Special Acceptance <input type="checkbox"/> Conditional (Please indicate details) Abnormally Report Control No.: <u>NAUT. 0-127</u>		

Inspected by	Checked by	Approved by (If there are major concerns)	Verified by (If there are major concerns)
C. MONTANO	MG		Onk
QA Screening Inspector	QA Line Leader	QA Senior IE Staff	QA Head

Defect	Verification Quantity		Remarks	Verified by (Signature over Printed Name)
	Good	No-Good		
H	7	A		
Total				QA Inspector

XI. Overall Inspection Time							
CORRUGATED AND MOULDED ITEMS							
Date	No. of Manpower	Qty	Time Start	Time End	Downtime	Total hrs.	Cause of Downtime
	H					A	