

# ABNORMALITY REPORT


Control No.

**AR2026-03-095**

**I. Item Information**

Item Code	RX1-5781-000	Customer	CBMP
Item Description	Z10 CARTON	Delivery Date	260327
Inspection Date	260326	Inspection Time	4AM
Lot Quantity	1,000 PCS	Job Order Number	JO-TO-IPD-26-00057-1
Affected Quantity	43 PCS	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:
Rejection Rate and PPM	4.30% 43,000 PPM	Date Received	N/A
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING 3
Problem Description	PEEL OFF	Delivery Receipt Number	N/A

**II. Visual Reference (Defect Illustration)**

<b>GOOD</b>	<b>NO GOOD</b>
<b>NO PEEL OFF</b>	

Related Doc. Info.	Control Number	Requirement:	CLASS B LOWER FLAP -ACCEPTABLE MAX 10MM DIAMETER
<input checked="" type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	WITH PEEL OFF UP TO 25MM DIAMETER
<input checked="" type="checkbox"/> Technical Drawing :	CBM-0473-01		
<input checked="" type="checkbox"/> Work Instruction :	WI-QA-001-010	Conclusion or Recommendation:	<input checked="" type="checkbox"/> REJECT <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Job Order :	JO-TO-IPD-26-00057-1		
<input checked="" type="checkbox"/> Reports :	AR2026-03-095		
<input checked="" type="checkbox"/> Defect Limit :	CBMP 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, <table border="1" style="width: 100%;"> <tr> <th>Person In Charge</th> <th>Target Date</th> <th>Signature</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Person In Charge	Target Date	Signature									
Person In Charge	Target Date	Signature													
<input type="checkbox"/> Backload		<input type="checkbox"/> Good													
		<input type="checkbox"/> For Sorting													
		<input type="checkbox"/> For Rework													

Remarks:	<b>JUDGEMENT</b> <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
J. ESPINOZA	A. FILIPINAS		M. CASILLANO	
QA Inspector	QA Line Leader	ME Head	QA Head	QA Staff

<b>Important: Backloading Policy (External Provider Rejects)</b> 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	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 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.*

1675



# KANEPACKAGE PHILIPPINE INC.

PR-001-F12-REV.00

MEMO: JO-TO-IPD-26-00057-1

## JOB ORDER

SO # :

<b>Customer :</b> CANON BUSINESS MACHINE PHILS.		<b>JOB ORDER:</b>	
<b>ITEM CODE:</b> RX1-5781-000-RMFG ALT		JOM0072800	
NetSuite Itemcode: RX1-5781-000-RMFG ALT		<b>KPSystem :</b>	

<b>Item Description :</b> Z10_CARTON			
<b>QTY:</b> 1000	<b>DELIVERY DATE:</b> 2026-3-26	<b>CREATED BY:</b> NENE VILLANUEVA	<b>DATE RELEASED:</b> 2026-3-26

<b>Raw Material Code:</b> 775X1494 EBF NPK280/CM150	<b>Qty To Be Used:</b> 1000	<b>Over Run:</b> 20	<b>Cut Size:</b> N/A	<b>Actual Issued:</b> 1020	<b>DR#:</b> 0003495	<b>SUPPLIER:</b> PW
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Tooling Ref# - AKITA E4-22 A Ctrl/Batch #: \_\_\_\_\_ RM Issued By: P. 3/26/26

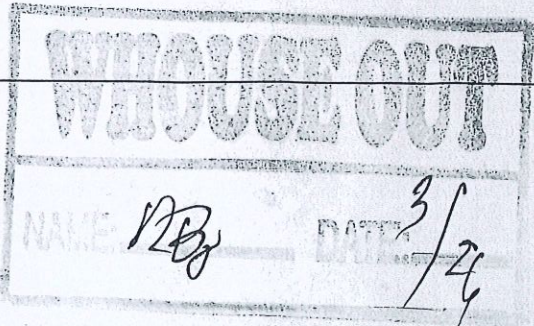
PROCESS / MACHINE	DATE	IN CHARGE		GOOD QTY	TRIAL RUN		REJECTED QTY		REMARKS
		Operator	ME/QA		G	R	INHOUSE	SUPPLIER	
1.EQOS	3/26	EWYMR	pic	1,020	G	R			
2.DIECUT S1700-2	3/26	RM	ATK	1020	G	R			S1700-1 <i>[Signature]</i>
3.GLUING CONVEYOR 2	3/26				G	R			
4.LOT NUMBERING					G	R			
5.SCREENING	3/26		Jan	875	G	R			
					G	R			
					G	R			
					G	R			

### REJECTION / ABNORMALITY HISTORY:

Customer Claim: \_\_\_\_\_

Notes: \_\_\_\_\_

REMARKS: JO-TO-IPD-26-00057-1





**KANEPACKAGE PHILIPPINE INC.**      **SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)**      Control No. **SQB-03-001675**

**I. Item Information**

Customer	CANON BUSINESS MACHINE PHILS.	Inspection Date	2/10/15	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night
Location	BATANGAS	Delivery Date	260326	
Item Code	RX1-5781-000-RMFG ALT	Job Order No.	JO-TO-JPD-26-00057-1	
Item Description	Z10_CARTON	Job Order Qty.	1000	
Model	N/A	Inspection Method	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling	
Drawing Revision No.	06	Delivery Receipt No.	25/02/15	
External Provider		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:	25/02	Time Conducted Sample #2:	01:10	Time Conducted Sample #3:	02:30					
Sample	Drawing Specs	Tolerance	Inner Dimension			Other Critical Dimension			Printing Movement	Handhole
			Length	Width	Height	Length	Width	Height		
1	420	±	425	271	445					
2	270		425	272	448					
3	444	±	426	273	445					
4	444		426		445	42	43	44		
5	444	±				44	43	44		
6	444					27	28	28		
7	444							±	±	
8	444							±	±	
9	444							±	±	
10	444							±	±	
11	444									
12	444									
13	444									
14	444									
15	444									
16	444									
17	444									
18	444									
19	444									
20	444									

Measuring  Meter Tape      Control Number: 25/02/15/003       Moisture Content Tester       Zahn Cup       Stopwatch  
 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	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				<b>C. CORRUGATED PALLET</b>			
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: fair print	0		0	Damages:	N/A	N/A	N/A
Missing Print/ Character				Others:	N/A	N/A	N/A
Blotted Print				<b>D. MOULDED ITEMS</b>			
Smear Print				In-house	External Provider	Total Quantity	
Other Print Defect: fair align print	1		1	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:	1		1	Crack	N/A	N/A	N/A
Excess Glue				Broken	N/A	N/A	N/A
Gluing Defect: glue stain	7		7	Scratches	N/A	N/A	N/A
Went-out: scratch	11		11	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	1		1	Stain:	N/A	N/A	N/A
Peel-off	40		40	Discoloration	N/A	N/A	N/A
Damages:				Excess Flashes	N/A	N/A	N/A
Others: uncut	64		64	Others:	N/A	N/A	N/A

