

PR
VP

Prepared G. REVALO	Checked G. MESSINO	Approved R. MIRANDA
Signature over Printed Name	Signature over Printed Name	Signature over Printed Name
Date: February 07, 2023	Date: February 07, 2023	Date: February 07, 2023
Note: Approval must be Manager level above		







SUPPLIER'S ABNORMAL QUALITY ACTION REPORT

Issuing Section : PRPE

SUPPLIER NAME: KANEPACKAGE
AQN Control No. : PRPE-AQN-22-01-0695
AQN Received Date : 02/01/2023
SAQAR Reply Date : 02/07/2023

Part Name : ICB For China 2
Part Code : 5159133-00
Model: Louvre2 MJX
Defect: Wrong Panel

PREVIOUS LOTS CONFIRMATION (At least 3 lots):	IMMEDIATE ACTION: (Include Lot Label Markings, Sorting and Rework Result) Lot Quantity: 204 NG Quantity: 0 Defect Rate: 0%
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CAUSES AND COUNTERMEASURES									
WHY WHY ANALYSIS									
SUBJECT (THEME)	WHY 1	WHY 2	WHY 3	WHY 4	WHY 5	JUDGMENT	CORRECTIVE ACTIONS (AVOIDANCE OF RECURRENCE)	PREVENTIVE ACTIONS (STANDARDIZATION)	To be filled up by EPPI: STATUS (During the time of verification)
	Root Cause: (Direct Cause) Mixed panel occurred on item 515913300 Louvre 2 MJX.	During feeding of items, barcode scanning system alarmed to gave notice of an error but the operator pressed the save button without checking the error.	Proper checking of an error before proceeding to mass production was by- passed by the operator. NOTE: <ul style="list-style-type: none">Included on WI-LPR-002-001 – WI for semi-automatic gluing machine.With available eyemark (OPL) in the area that explains Barcode Troubleshooting at Semi Auto Gluing Process 				Direct Cause(s) <ul style="list-style-type: none">Meeting conducted to discuss encountered customer claim of mixed panel. Target Date: February 3, 2023 PIC: Production IE Status: DONE  Assured Lot: KAN29855D060001 Markings: ALS	Direct Cause(s) <ul style="list-style-type: none">Conduct refresher and reorientation of work instruction related to semi-auto gluing process. Target Date: February 3, 2023 PIC: Production IE Status: DONE  Guaranteed Lot: N/A Markings: N/A	
STATUS									
	Leakage Cause: (Indirect Cause) Inline QA failed to detect the mixed panel on item 515913300 Louvre 2 MJX.	The panels were overlook by the inspector due to it's same color of destination code. Note: Same model but different part code.	Inspection sequence of checking the Phase 1 and Phase 2 of ICB was not followed. Note: Included on Work Instruction (WI-LQA-002-002 - ICB Inspection Standard				Indirect Cause(s) <ul style="list-style-type: none">Sorting of affected stocks. KPII Stocks: 0/204 pcs Remarks: ALS MarkingsConduct quality alert meeting regarding the flow out of mixed panel to customer. Target Date: February 3, 2023 PIC: QA IE/ Staff Status: DONE 	Indirect Cause(s) <ul style="list-style-type: none">Refresher training regarding the standard inspection sequence of ICB. Target Date: February 3, 2023 PIC: QA IE/ Staff Status: DONE 	
PRECONDITIONS									

****Note: If parts treatment is FOR DISPOSAL, Disposal records (photos or any proof of disposal) should be attached.**

TO BE FILLED BY SUPPLIER:

ROOT CAUSE FACTOR (DIRECT CAUSE)		LEAKAGE CAUSE FACTOR (INDIRECT CAUSE)	
<input type="checkbox"/> No Standard	<input type="checkbox"/> Wrong Standard/Specs	<input type="checkbox"/> No Standard	<input type="checkbox"/> Wrong Standard/Specs
<input type="checkbox"/> Incomplete Standard	<input type="checkbox"/> Did not follow Work Standard	<input type="checkbox"/> Incomplete Standard	<input type="checkbox"/> Did not follow Work Standard
<input type="checkbox"/> Design Problem		<input type="checkbox"/> Design Problem	
Pls specify : _____		Pls specify : _____	

TO BE FILLED BY EPPI:

EFFECTIVENESS CHECK OF ACTIONS TAKEN		
VERIFICATION RESULT		
Guaranteed Lot:	Delivery Date:	
INQA	INPROCESS	ASSESSMENT RESULT
Result:	Result:	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
Defect Rate:	Defect Rate:	
Judgment	Judgment	
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	

Notes:
(1) For Unsatisfactory result, Supplier must re-submit new action report until satisfactory result is attained.
(2) Provide additional attachments as supporting documents for this report.

Prepared	Checked	Approved
STAFF	SV ABOVE	DEPT. HEAD
Date:	Date:	Date: