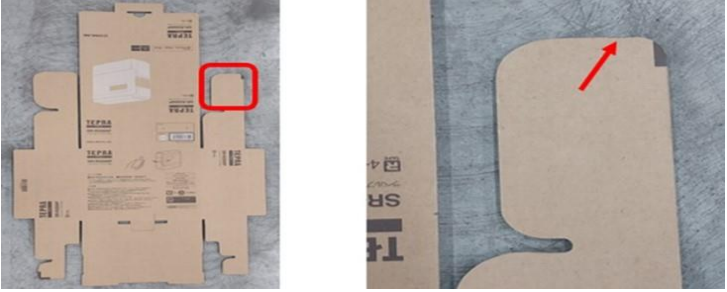
 KANEPACKAGE PHILIPPINE INC.		<h1 style="text-align: center;">ABNORMALITY REPORT</h1>		Control No.	
				AR-10-0099	
<b>I. Item Information</b>					
Item Code	5163364-00	Customer	EPSON		
Item Description	MUFFIN CARTON BOX, CK81010	Delivery Date	10/18/2024		
Inspection Date	10/16/2024	Inspection Time	0622H - 0700H		
Lot Quantity	400	Job Order Number	1.JO-76529                      2.		
Affected Quantity	16	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	4%	Date Received	10/07/2024		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SCREENING QA/DS		
Problem Description	MISALIGN DIE CUT	Delivery Receipt Number	13050/49970		
<b>II. Visual Reference (Defect Illustration)</b>					
GOOD			NO GOOD		
					
<b>III. Documented Information Review (To be filled out by QA Line leader)</b>					
Related Doc. Info.		Control Number	Requirement: ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF MISALIGN DIE CUT		
<input checked="" type="checkbox"/> Procedure Manual :		PM-LQA-010	Actual: MISALIGN DIE CUT ON FLAP		
<input checked="" type="checkbox"/> Technical Drawing :		DT-002-F01-REV.03			
<input checked="" type="checkbox"/> Work Instruction :		WI-LQA-002-003	Conclusion and Recommendation: <b>INFORM THE THE PIC/LEADER ABOUT THE PROBLEM ENCOUNTERED</b> <input type="checkbox"/> Applicable <b>CHECK THE SET UP AND MATERIALS BEFORE MASS PRODUCTION</b> <input type="checkbox"/> Not Applicable		
<input checked="" type="checkbox"/> Job Order :		LPR-004-F04-REV.01			
<input checked="" type="checkbox"/> Reports :		LQA-010-F03-REV.09			
<input checked="" type="checkbox"/> Defect Limit :		REV.M_11 JUNE,'15 PDEPACK15-TN-0065			
<b>IV. Initial Disposition (To be filled out by ME Department If Needed)</b>			<b>V. Final Disposition</b>		
<input type="checkbox"/> Good <input type="checkbox"/> Conditional (Please indicate details)			<input 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	Target Date
			<input type="checkbox"/> For Sorting		Signature
			<input type="checkbox"/> For Rework		
Remarks:					<b>JUDGEMENT</b> (If subject is for issuance of IRF / CAR) <input type="checkbox"/> FOR 5 WHY ISSUANCE <input type="checkbox"/> FOR CAR ISSUANCE <input type="checkbox"/> FOR IRF ISSUANCE
Detected by	Checked by	Initial Approved by (If Needed)	Approved by	Received By	
J.GATDULA	R.MANALO				
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 <input type="checkbox"/> >80% Need			<input type="checkbox"/> Backload <input type="checkbox"/> Accept
		Top Management		<input type="checkbox"/> Other _____	

# ABNORMALITY REPORT

## V. Sorting Instructions

## VI. 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								

## VII. Warehouse Details (To be filled out by QA Line Leader If needed)

	Reason	Total Quantity	Remarks	Received by
Pull-Out				
For Transfer				

## VIII. Reworking Instructions

## IX. 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			

## X. 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		Noted by		Approved by	
QA Inspector			QA Line Leader/Sub-Leader		QA Supervisor		QA Head	

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