



|  KANEPACKAGE PHILIPPINE INC. | | <h1 style="text-align: center;">ABNORMALITY REPORT</h1> | | Control No. | | | | | | | | | | | | | | | | | |
|--|--------------------|---|---|--|--|--|--|--|--|--------------------------|--------------------|--|--|--------------------------|------------------|--|--|--------------------------|------------------|--|--|
| | | | | AR-10-0129 | | | | | | | | | | | | | | | | | |
| I. Item Information | | | | | | | | | | | | | | | | | | | | | |
| Item Code | 5157468-00 | Customer | EPSON | | | | | | | | | | | | | | | | | | |
| Item Description | OUTER CARTON BOX | Delivery Date | 10/24/2024 | | | | | | | | | | | | | | | | | | |
| Inspection Date | 10/22/2024 | Inspection Time | 2030H - 2355H | | | | | | | | | | | | | | | | | | |
| Lot Quantity | 1600 | Job Order Number | 1 78843 2. | | | | | | | | | | | | | | | | | | |
| Affected Quantity | 48 | Origin | <input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER: | | | | | | | | | | | | | | | | | | |
| Rejection Rate and PPM | 3% | Date Received | 10/15/2024 | | | | | | | | | | | | | | | | | | |
| Sampling Quantity (IQA) | N/A | Detection (Section / Area) | SD1800/NS | | | | | | | | | | | | | | | | | | |
| Problem Description | DAMAGE | Delivery Receipt Number | 346018 | | | | | | | | | | | | | | | | | | |
| II. Visual Reference (Defect Illustration) | | | | | | | | | | | | | | | | | | | | | |
| GOOD | | | NO GOOD | | | | | | | | | | | | | | | | | | |
| <div style="background-color: yellow; padding: 5px; display: inline-block;">NO GOOD ON ACTUAL/APPEARANCE</div> | | |  | | | | | | | | | | | | | | | | | | |
| III. Documented Information Review (To be filled out by QA Line leader) | | | | | | | | | | | | | | | | | | | | | |
| Related Doc. Info. Control Number <input checked="" type="checkbox"/> Procedure Manual : PM-LQA-010 <input checked="" type="checkbox"/> Technical Drawing : DT-002-F01-REV.03 <input checked="" type="checkbox"/> Work Instruction : WI-LQA-002-003 <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 : | | Requirement: ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DAMAGE | | | | | | | | | | | | | | | | | | | |
| | | Actual: DAMAGE OCCUR ON LOWER FLAP | | | | | | | | | | | | | | | | | | | |
| | | Conclusion and Recommendation: LOCATE THE MATERIALS ON THE AREA THAT IS NOT PRONE TO DAMAGE | <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | |
| IV. Initial Disposition (To be filled out by ME Department If Needed) | | | V. Final Disposition | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Good <input type="checkbox"/> Conditional (Please indicate details) <input type="checkbox"/> Rejected <input type="checkbox"/> Backload | | | <input type="checkbox"/> Rejected <input type="checkbox"/> Conditional (Please indicate details) <input type="checkbox"/> Backload If item is for sorting, for backload, or for rework, fill-out below <input type="checkbox"/> Good <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework | | | | | | | | | | | | | | | | | | |
| Remarks: | | | <table border="1" style="width: 100%;"> <tr> <th colspan="4">JUDGEMENT (If subject is for issuance of IRF / CAR)</th> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">FOR 5 WHY ISSUANCE</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">FOR CAR ISSUANCE</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">FOR IRF ISSUANCE</td> </tr> </table> | | | JUDGEMENT (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 | | |
| JUDGEMENT (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.ESLANAN | R.MANALO | | | | | | | | | | | | | | | | | | | | |
| 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 | | <input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | |
| | | Top Management | | | | | | | | | | | | | | | | | | | |

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

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.*