

 KANEPACKAGE PHILIPPINE INC.		<h1 style="text-align: center;">ABNORMALITY REPORT</h1>		Control No. AR-01-0030													
I. Item Information																	
Item Code	410608-04/02	Customer	VOION KANE PRINTING ECO PACKIGING														
Item Description	MOO BOX 2 SV25 V8 FLUFFY	Delivery Date	01/08/2025														
Inspection Date	01/10/2025	Inspection Time	2230H - 0020H														
Lot Quantity	7000	Job Order Number	1.JO-IPD-93521 2.														
Affected Quantity	128	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:														
Rejection Rate and PPM	1.8%	Date Received	12/13/2024														
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	EQOS / NS														
Problem Description	INK STAIN	Delivery Receipt Number	0040														
II. Visual Reference (Defect Illustration)																	
GOOD			NO GOOD														
																	
III. Documented Information Review (To be filled out by QA Line leader)																	
Related Doc. Info. <input type="checkbox"/> Procedure Manual : PM-LQA-010 <input type="checkbox"/> Technical Drawing : DT-002-F01 REV.03 <input type="checkbox"/> Work Instruction : WI-LQA-002-006 <input type="checkbox"/> Job Order : LPR-004-F04-REV.01 <input type="checkbox"/> Reports : LQA-010-F03 REV.09 <input type="checkbox"/> Defect Limit :		Control Number Requirement: Actual: Conclusion and Recommendation:	ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF INK STAIN INK STAIN OCCURRED ON ACTUAL/ APPEARANCE DYSON PRINT CHECKING THE SET-UP / ALIGNMENT OF INK IS PROPER BEFORE APPROVING TRIAL RUN PRIOR MASS PRODUCTION														
			<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 <table border="1" style="width: 100%;"> <tr> <td>Good</td> <td>Person In Charge</td> <td>Target Date</td> <td>Signature</td> </tr> <tr> <td>For Sorting</td> <td></td> <td></td> <td></td> </tr> <tr> <td>For Rework</td> <td></td> <td></td> <td></td> </tr> </table>			Good	Person In Charge	Target Date	Signature	For Sorting				For Rework			
Good	Person In Charge	Target Date	Signature														
For Sorting																	
For Rework																	
Remarks: IN-PROCESS EQOS / NS (250108)			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													
R. RODAVIA	J. ORTILLA																
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 <input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need	Approved by Top Management	Final Disposition <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

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.*