

 KANEPACKAGE PHILIPPINE INC.		<h1 style="text-align: center;">ABNORMALITY REPORT</h1>		Control No.							
				AR-01-0053							
<b>I. Item Information</b>											
Item Code	516591300	Customer	EPSON-IJP								
Item Description	LOUVRE MDX ICB FOR ETD	Delivery Date	01/18/2025								
Inspection Date	01/15/2025	Inspection Time	20:37 - 00:30								
Lot Quantity	2500	Job Order Number	JO-00039								
Affected Quantity	71	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:								
Rejection Rate and PPM	2.8%	Date Received	13/04/1940								
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	MACHINE 4								
Problem Description	SCRATCHES	Delivery Receipt Number	199556								
<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 <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 :		Requirement:  Actual:  Conclusion and Recommendation:	ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF <b>SCRATCHES</b>  <b>SCRATCHES ON ACTUAL APPEARANCE OCCURRED ON CLASS B FLAP PORTION</b>  <b>INFORM THE DIE CUT OPERATOR FOR WHAT IS THE POSSIBLE CAUSE OF THAT REJECT AND HOW IT OCCURRED</b> <div style="float: right;"> <input type="checkbox"/> Applicable  <input type="checkbox"/> Not Applicable       </div>								
<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"/> 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 <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Good  <input type="checkbox"/> For Sorting  <input type="checkbox"/> For Rework         </div> <div> <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> </table> </div> </div>			Person In Charge	Target Date	Signature			
Person In Charge	Target Date	Signature									
Remarks:			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							
A. SARMIENTO	J.CORTEZ										
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 <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.  
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