
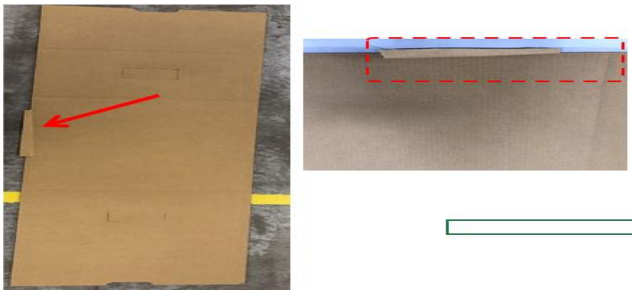
 KANEPACKAGE PHILIPPINE INC.		<h1>ABNORMALITY REPORT</h1>		Control No.	
				AR-01-0057	
I. Item Information					
Item Code	516225200	Customer	EPSON-IJP		
Item Description	LOUVRE 2 MCX PAD SLEEVE	Delivery Date	01/16/2025		
Inspection Date	01/16/2025	Inspection Time	18:34 - 19:40		
Lot Quantity	1040	Job Order Number	1.JO- 93914 2.		
Affected Quantity	52	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:		
Rejection Rate and PPM	5.0%	Date Received	12/19/2024		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	DETACHING NS		
Problem Description	UNCUT	Delivery Receipt Number	199173		
II. Visual Reference (Defect Illustration)					
GOOD			NO GOOD		
					
III. Documented Information Review (To be filled out by QA Line leader)					
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: ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF UNCUT	Actual: UNCUT ON ACTUAL APPEARANCE		
		Conclusion and Recommendation:	INFORM THE DIE CUT OPERATOR FOR WHAT IS THE POSSIBLE CAUSE OF THAT REJECT AND HOW IT OCCURRED <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 Person In Charge Target Date Signature <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework		
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	
J.GATDULA	J.CORTEZ				
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 _____	

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.*