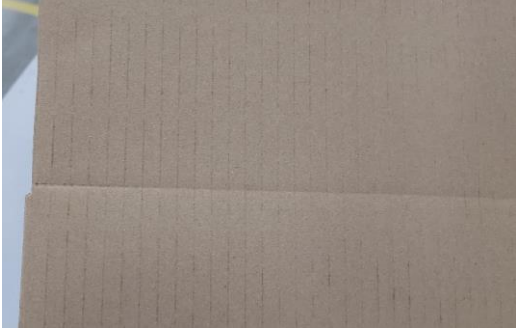
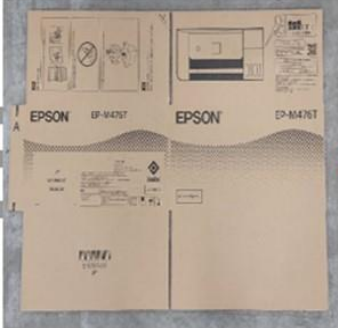

 KANEPACKAGE PHILIPPINE INC.		<h1 style="text-align: center;">ABNORMALITY REPORT</h1>		Control No.													
				AR-02-0005													
I. Item Information																	
Item Code	5167674-00	Customer	EPSON-IJP														
Item Description	LOUVRE 2 MJX JAPAN	Delivery Date	2025/02/04														
Inspection Date	2025/02/01	Inspection Time	2055H - 0319H														
Lot Quantity	1600	Job Order Number	1.JOL-000825 2.														
Affected Quantity	71	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:														
Rejection Rate and PPM	4.4%	Date Received	2025/04/01														
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	SEMI AUTO GLUING 1/NS														
Problem Description	BURSTING	Delivery Receipt Number	199086														
II. Visual Reference (Defect Illustration)																	
GOOD			NO GOOD														
			 														
III. Documented Information Review (To be filled out by QA Line leader)																	
<input type="checkbox"/> Related Doc. Info. <input type="checkbox"/> Procedure Manual : <input type="checkbox"/> Technical Drawing : <input type="checkbox"/> Work Instruction : <input type="checkbox"/> Job Order : <input type="checkbox"/> Reports : <input type="checkbox"/> Defect Limit :	Control Number PM-LQA-010 DT-002-F01 REV.03 WI-LQA-002-006 LPR-004-F04-REV.01 LQA-010-F03 REV.09	Requirement: Actual: Conclusion and Recommendation:	ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF BURSTING BURSTING OCCUR ON INNER PORTION PANEL A CHECK THE PROCESS FOR WHAT IS THE POSSIBLE CAUSE OF THAT REJECT AND HOW IT OCCURRED														
<input type="checkbox"/> Initial Disposition (To <input type="checkbox"/> filled out by ME Department If Needed)			<input type="checkbox"/> Management <input type="checkbox"/>														
<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><input type="checkbox"/> Good</td> <td>Person In Charge</td> <td>Target Date</td> <td>Signature</td> </tr> <tr> <td><input type="checkbox"/> For Sorting</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> For Rework</td> <td></td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Good	Person In Charge	Target Date	Signature	<input type="checkbox"/> For Sorting				<input type="checkbox"/> For Rework			
<input type="checkbox"/> Good	Person In Charge	Target Date	Signature														
<input type="checkbox"/> For Sorting																	
<input type="checkbox"/> For Rework																	
Remarks: <div style="text-align: center;">DIE CUT 3/DS</div>				<input type="checkbox"/> 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													
A.PANOT		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													
		<input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need															
				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.*