
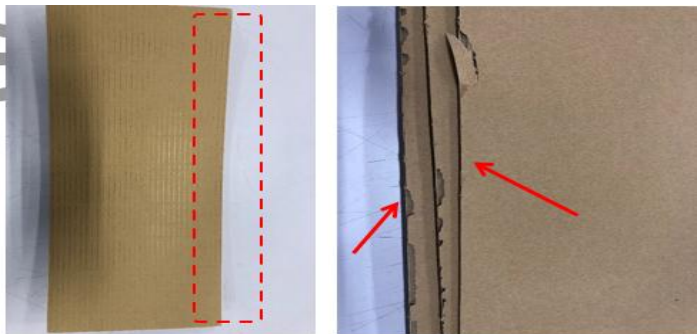
 KANEPACKAGE PHILIPPINE INC.		<h1 style="text-align: center;">ABNORMALITY REPORT</h1>		Control No.	
				AR-02-0139	
<b>I. Item Information</b>					
Item Code	516687200	Customer	TRC		
Item Description	OUTER CARTON PAD	Delivery Date	2025/02/16		
Inspection Date	2025/02/28	Inspection Time	0040H-0405H		
Lot Quantity	8000	Job Order Number	1.JOL-0002846                      2.		
Affected Quantity	161	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER: <b>PW</b>		
Rejection Rate and PPM	2.0%	Date Received	2025/02/16		
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	DETACHING		
Problem Description	<b>CRACKING/BURSTING</b>	Delivery Receipt Number	353969		
<b>II. Visual Reference (Defect Illustration)</b>					
<b>GOOD</b>			<b>NO GOOD</b>		
					
<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: ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF <b>CRACKING/BURSTING</b>			
		Actual: <b>CRACKING/BURSTING OCCUR ON SIDE PORTION</b>			
		Conclusion and Recommendation: <b>INFORM THE DIE CUT ABOUT THE REJECT ENCOUNTERED AND HOW IT OCCURRED</b>	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable		
<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 checked="" 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:			Person In Charge	Target Date	Signature
			<b>JUDGEMENT</b> (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.BISCOCHO	J.CORTEZ				
QA Inspector	QA Line Leader	ME Head	QA HeadJ	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.  
Submit this form to Line Leader immediately after accomplishment.*