

ABNORMALITY REPORT

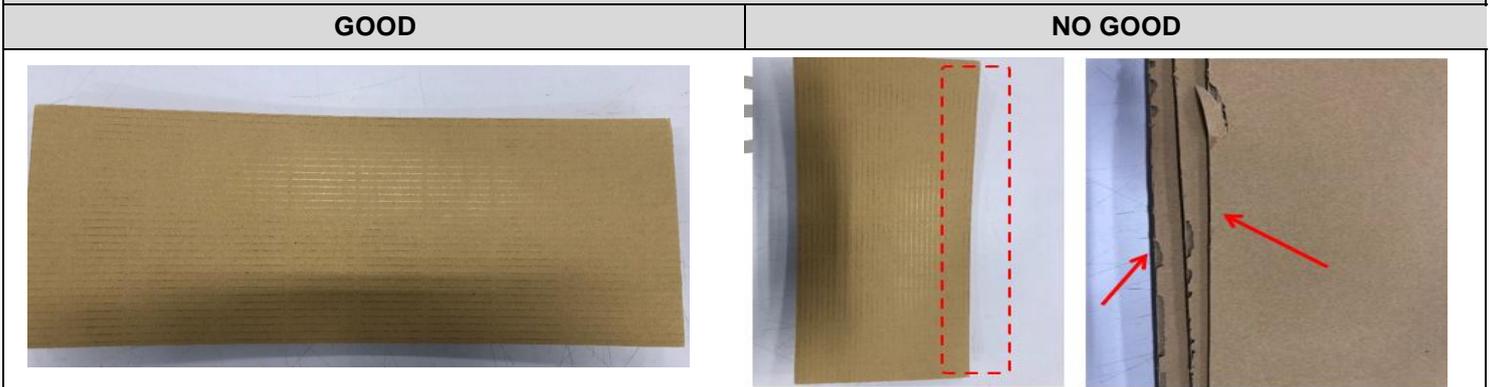
Control No.

AR-02-0139

I. Item Information

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: PW
Rejection Rate and PPM	2.0%	Date Received	2025/02/16
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	DETACHING
Problem Description	CRACKING/BURSTING	Delivery Receipt Number	353969

II. Visual Reference (Defect Illustration)



III. Documented Information Review (To be filled out by QA Line leader)

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: ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF CRACKING/BURSTING	Actual: CRACKING/BURSTING OCCUR ON SIDE PORTION	Conclusion and Recommendation: INFORM THE DIE CUT ABOUT THE REJECT ENCOUNTERED AND HOW IT OCCURRED	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable
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IV. Initial Disposition (To be filled out by ME Department If Needed)

Good Conditional (Please indicate details)
 Rejected
 Backload

V. Final Disposition

Rejected Conditional (Please indicate details)
 Backload If item is for sorting, for backload, or for rework, fill-out below
 Good
 For Sorting
 For Rework

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
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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

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.

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.*