

# ABNORMALITY REPORT

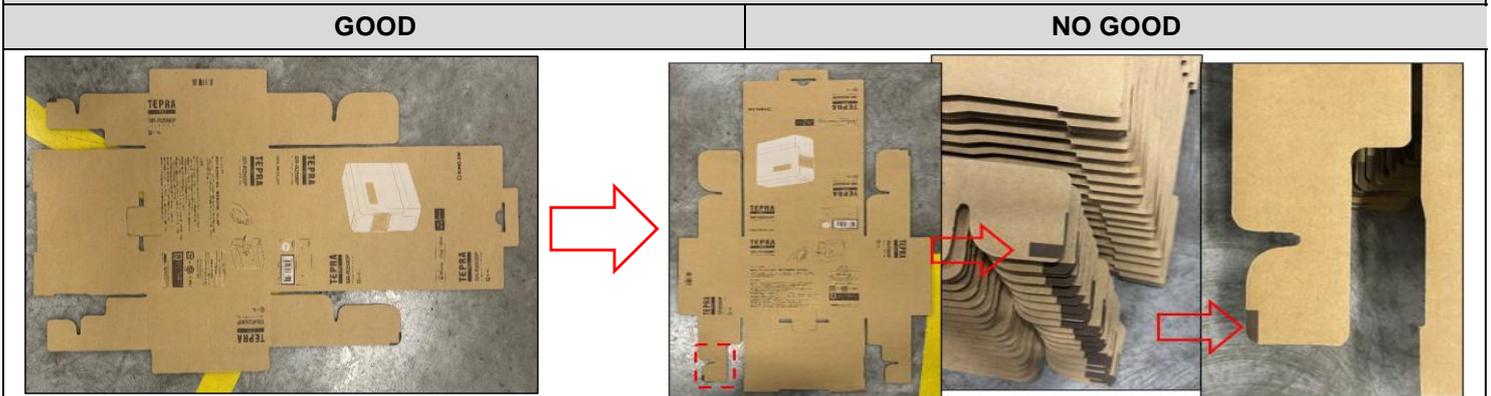
Control No.

**AR-03-0002**

**I. Item Information**

|                         |                            |                            |   |
|-------------------------|----------------------------|----------------------------|---|
| Item Code               | 5163364-00                 | Customer                   | EPSON-IJP   |
| Item Description        | MUFFIN CSRTON BOX, CK81010 | Delivery Date              | 2025/03/03  |
| Inspection Date         | 2025/03/01                 | Inspection Time            | 0630H - 0730H   |
| Lot Quantity            | 900                        | Job Order Number           | 1.JO-0002804      2.  |
| Affected Quantity       | 22                         | Origin                     | <input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER: |
| Rejection Rate and PPM  | 2.4%                       | Date Received              | 2025/02/26  |
| Sampling Quantity (IQA) | N/A                        | Detection (Section / Area) | SCREENING QA/DS   |
| Problem Description     | <b>MISALIGN DIECUT</b>     | Delivery Receipt Number    | 15234/ 54046  |

**II. Visual Reference (Defect Illustration)**



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

|   |                         |   |  |
|---|-------------------------|---|--|
| Related Doc. Info.<br><input type="checkbox"/> Procedure Manual : _____<br><input type="checkbox"/> Technical Drawing : _____<br><input type="checkbox"/> Work Instruction : _____<br><input type="checkbox"/> Job Order : _____<br><input type="checkbox"/> Reports : _____<br><input type="checkbox"/> Defect Limit : _____ | Control Number<br>_____ | Requirement:<br>ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF <b>MISALIGN DIECUT</b> | Actual:<br><b>MISALIGN DIECUT ON ACTUAL/ APPEARANCE OCCURRED ON FLAP</b> |
| Conclusion and Recommendation:<br><b>CHECK THE SET UP PRIOR MASS PRODUCTION</b> <input type="checkbox"/> Applicable<br><b>INFORM THE PIC/LEADER ABOUT THE PROBLEM</b> <input type="checkbox"/> Not Applicable<br><b>ENCOUNTERED</b>   |                         |   |  |

**IV. Initial Disposition (To be filled out by ME Department If Needed)**

|                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Good     | <input type="checkbox"/> Conditional (Please indicate details) |
| <input type="checkbox"/> Rejected |  |
| <input type="checkbox"/> Backload |  |

**V. Final Disposition**

|  |   |
|--|---|
| <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                | Person In Charge  |
| <input type="checkbox"/> For Sorting         | Target Date   |
| <input type="checkbox"/> For Rework          | Signature   |

|  |   |
|--|---|
| Remarks:<br><b>IN-PROCESS DIECUT #2/NS (2025/02/28)</b><br>SF BF CM125/TX200 | JUDGEMENT<br>(If subject is for issuance of IRF / CAR)<br><input type="checkbox"/> FOR 5 WHY ISSUANCE<br><input type="checkbox"/> FOR CAR ISSUANCE<br><input type="checkbox"/> FOR IRF ISSUANCE |
|--|---|

|              |                |                                 |             |             |
|--------------|----------------|---------------------------------|-------------|-------------|
| Detected by  | Checked by     | Initial Approved by (If Needed) | Approved by | Received By |
| J. LOPEZ     | J. ORTILLA     |                                 |             |             |
| QA Inspector | QA Line Leader | ME Head                         | QA Head     | QA Staff    |

|  |   |  |   |
|--|---|--|---|
| <b>Important: Backloading Policy (External Provider Rejects)</b><br>Rejection rate that is more than 80% of the total quantity shall be approved by Top Management before backloading. | Evaluation<br><input type="checkbox"/> <80% No Need<br><input type="checkbox"/> >80% Need | Approved by<br>_____<br>Top Management | Final Disposition<br><input type="checkbox"/> Backload<br><input type="checkbox"/> Accept<br><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.*