
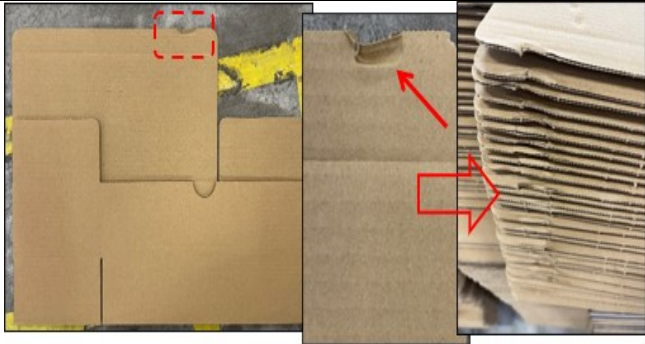

 KANEPACKAGE PHILIPPINE INC.	<h1 style="margin: 0;">ABNORMALITY REPORT</h1>	Control No. AR-05-0055							
I. Item Information									
Item Code	5150010-01	Customer	EPSON PRECISION (PHILIPPINES), INC. - IJP						
Item Description	(LIONEL MAY) ACCESORISE BOX	Delivery Date	2025/05/20						
Inspection Date	2025/05/17	Inspection Time	2025H - 2331H						
Lot Quantity	1900	Job Order Number	1.JO-0007278 2.						
Affected Quantity	33	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:						
Rejection Rate and PPM	1.74% 17,368 PPM	Date Received	2025/05/06						
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	IN-PROCESS SD1800/ SHIFT B						
Problem Description	DAMAGED	Delivery Receipt Number	0204265						
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	Requirement:	ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DAMAGED						
<input type="checkbox"/> Procedure Manual :		Actual:	DAMAGED ON ACTUAL / APPEARANCE OCCUR DURING FEEDING IN STOPPER						
<input type="checkbox"/> Technical Drawing :									
<input type="checkbox"/> Work Instruction :		Conclusion and Recommendation:	INFORM TO PIC/LEADER FOR THE PROBLEM ENCOUNTERED AND CHECK THE SET UP OF STOPPER PRIOR MAS PRODUCTION						
<input type="checkbox"/> Job Order :									
<input type="checkbox"/> Reports :									
<input type="checkbox"/> Defect Limit :			<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 checked="" 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: IN-PROCESS SD1800/ SHIFT B (2025/05/17)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Person In Charge</th> <th>Target Date</th> <th>Signature</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>		Person In Charge	Target Date	Signature			
		Person In Charge	Target Date	Signature					
		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					
A PANOT	J. ORTILLA								
QA Inspector	QA 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	Final Disposition					
		<input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need		<input type="checkbox"/> Backload <input type="checkbox"/> Accept					
		Top Management	<input type="checkbox"/> Other _____						

*Note: All details must be filled out completely.
Submit this form to Line Leader immediately after accomplishment.*

 KANEPACKAGE PHILIPPINE INC.				<h1>ABNORMALITY REPORT</h1>				
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	