
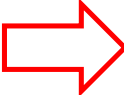



 KANEPACKAGE PHILIPPINE INC.		<h1 style="text-align: center;">ABNORMALITY REPORT</h1>		Control No. AR-06-0037							
I. Item Information											
Item Code	5171568-00	Customer	EPSON PRECISION (PHILIPPINES), INC. - IJP								
Item Description	KJ-FREEMAN OUTER CARTON BOX	Delivery Date	2025/07/01								
Inspection Date	2025/06/254	Inspection Time	0805H - 0855H								
Lot Quantity	170	Job Order Number	1.JO-0009972 2.								
Affected Quantity	23	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:								
Rejection Rate and PPM	13.53% 135,294 PPM	Date Received	2024/12/04								
Sampling Quantity (IQA)	N/A	Detection (Section / Area)	IN-PROCESS SD-1800/ SHIFT B								
Problem Description	SMEARED PRINT	Delivery Receipt Number	65163								
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%; text-align: center;"> GOOD </div> <div style="width: 48%; text-align: center;"> NO GOOD </div> </div> <div style="display: flex; justify-content: space-around; align-items: center;">     </div>											
III. Documented Information Review (To be filled out by QA Line leader)											
Related Doc. Info. Control Number <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 : _____		Requirement: ITEM SHOULD BE IN GOOD CONDITION NO OCCURRENCE OF SMEARED PRINT Actual: SMEARED PRINT ON ACTUAL/ APPEARANCE OCCUR ON CLASS A PRINTING TEXT IMAGE Conclusion and Recommendation: INFORM THE PIC / LEADER ABOUT THE PROBLEM ENCOUNTERED AND CHECK THE SET UP PRIOR MAS PRODUCTION <div style="float: right;"> <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable </div>									
3 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 <table border="1" style="display: inline-table; vertical-align: top;"> <tr> <td>Person In Charge</td> <td>Target Date</td> <td>Signature</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework				Person In Charge	Target Date	Signature			
Person In Charge	Target Date	Signature									
Remarks: IN-PROCESS EQOS SHIFT B (20250624)					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							
D. ALCANTARA	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							
		<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 _____							

*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	