

KANEPACKAGE PHILIPPINE INC.		ABNORMALITY REPORT		Control No. ARFP2025-08-003	
I. Item Information					
Item Code	RJ1-1236-000	CUSTOMER	CANON BUSINESS MACHINE PHILS.		
Item Description	CASSETTE ASSY BOX	Delivery Date	250812		
Inspection Date	250811	Inspection Time			
Lot Quantity	140	Job Order Number	1. JOF0016663 2.		
Affected Quantity	12	Origin	<input type="checkbox"/> IN-HOUSE <input checked="" type="checkbox"/> SUPPLIER: TRIPLESTAR		
Rejection Rate and PPM	8.57%	Date Received	250807		
Sampling Quantity (IQA)		Detection (Section / Area)	KP FPIP QA INSPECTION		
Problem Description	BURSTING	Delivery Receipt Number	21965		
II. Visual Reference (Defect Illustration)					
GOOD			NO GOOD		
III. Documented Information Review (To be filled out by QA Line leader)					
Related Doc. Info. <input type="checkbox"/> Procedure Manual : PM-QA-018 <input type="checkbox"/> Technical Drawing : CBMP-0580-01AB-03 <input type="checkbox"/> Work Instruction : WI-FQA-001-001 <input type="checkbox"/> Job Order : JOF0016663 <input type="checkbox"/> Reports : ARFP2025-08-003 <input type="checkbox"/> Defect Limit : CBMP DEFECT LIMIT		Control Number Requirement: Actual: Conclusion or Recommendation:		NO BURSTING BURSTING <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable </div>	
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 type="checkbox"/> Rejected <input type="checkbox"/> Backload			<input 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, <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Good <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework </div> <div> Person In Charge Target Date Signature </div> </div>		
Remarks:			JUDGEMENT <i>(If subject is for issuance of IRF / CAR)</i> <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
 M. REGIDOR QA Inspector	 A. PLATON / C. FLORES QA Line Leader QA Sr. IE				
		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 _____			
VII. Sorting Instructions					

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

VIII. 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									
IX. Warehouse Details (To be filled out by QA Line Leader If needed)									
	Reason			Total Quantity	Remarks			Received by	
<input type="checkbox"/> Pull-Out									
<input type="checkbox"/> For Transfer									
X. Reworking Instructions									
XI. 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				
XII. 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			Approved by		
QA Inspector				QA Line Leader/Sub-Leader			QA Head		

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

KANEPACKAGE PHILIPPINE INC.			SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)								
Joint Flap			Judgement		Type of Material		Judgement				
Requirement		Actual	Good	No Good	Requirement		Actual	Good	No Good		
GLUED (Inside or Outside)	inside	inside	-		Corrugated	TK200 / Cm 125 x 3 / TK200					
STITCHED (Inside or Outside)	n/a				Flute	CB FWR	CB PWFE	-			
					Others						
IV. Destructive Test (Based on Customer Requirement)					V. Barcode Print (If Only with Printed Barcode on Item)						
Requirement		Actual	Good	No Good	Scan 1		<input type="checkbox"/> Good <input type="checkbox"/> No Good				
Requirement		Actual	Good	No Good	Scan 2		<input type="checkbox"/> Good <input type="checkbox"/> No Good				
Requirement		Actual	Good	No Good	BQICS Compliance (For Epson items only)		<input type="checkbox"/> Good <input type="checkbox"/> No Good				
VI. Inspection Result					VII. Sampling Inspection Result						
Total Qty Inspected		Total Qty Good		Total Qty NG		Total Sampling Qty Inspected		Total Sampling Qty Good		Total Sampling Qty NG	
Defect Rate in %		Defect Rate in PPM		PPM Formula: Total Qty. Inspected x 1,000,000		Defect Rate in %		Defect Rate in PPM		Defect Rate in PPM	
VIII. Disposition					IX. Remarks						
<input checked="" type="checkbox"/> Good <input type="checkbox"/> For Special Acceptance <input type="checkbox"/> Backload <input type="checkbox"/> Conditional (Please indicate details) <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework Abnormality Report Control No.: _____					OQA REPORT						
Inspected by		Checked by		Approved by (If there are major concerns)		Verified by (If there are major concerns)					
QA Screening Inspector		QA Line Leader		QA Supervisor / QA Asst. Supervisor		QA Head					
Visual Inspection Summary											
Item Code:		RJ1-1236-000		JO. Number:		6663		JO Qty.:			
Date Ins.	Del. Date	Good Qty	NG Qty	Rej. Rate	Defect	Qty:	Defect	Qty:			
250808	250811	140									
250811	250812	140	19		Damage	3	POKE	1			
					TEAR OFF	2	WRINKLE	1			
					BURNING	12					



KANEPACKAGE PHILIPPINE INC.

**SCREENING INSPECTION REPORT
(CORRUGATED AND MOULDED ITEMS)**

Control No.

SQA-08-000326**I. Item Information**

Customer	CANON BUSINESS MACHINE (PHILS.) INC.	Inspection Date	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Location	FPIP	Delivery Date	
Item Code	RJ1-1236-000	Job Order No.	6663
Item Description	CASSETTE ASSY OUTER BOX	Job Order Qty.	
Model	L1156	Inspection Method	<input type="checkbox"/> 100% <input type="checkbox"/> Sampling
Drawing Revision No.	01	Delivery Receipt No.	
External Provider		Gluing Process	<input type="checkbox"/> Manual Gluing <input type="checkbox"/> Semi-Auto Gluing
			<input type="checkbox"/> SD1800

II. Dimensional Inspection

Time Conducted Sample #1:			Time Conducted Sample #2:			Time Conducted Sample #3:					
Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3	Checkpoints	Drawing Specs	Tolerance	Sample #1	Sample #2	Sample #3
1						16					
2						17					
3						18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Measuring Tool Used: ☐ Meter Tape ☐ Thickness Gauge ☐ Moisture Content Tester ☐ Weighing Scale ☐ Zahn Cup ☐ Steel Ruler ☐ Stopwatch ☐ Caliper

Control Number of Measuring Tool Used:

III. Visual Inspection (Leave cell blank if no detection on Applicable Criteria. Ensure to put actual quantity of defect based on classification or "N/A" if Not Applicable)

A. CORRUGATED ITEM / BOX / DANPLA	In-house	External Provider	Total Quantity	B. PALLET	In-house	External Provider	Total Quantity
Scoring				Condition of Wood	N/A	N/A	N/A
Grain Direction				Rusty Nail	N/A	N/A	N/A
Paper Shade (Off Color)				Warping	N/A	N/A	N/A
Bubbles				Fumigation Stamp	N/A	N/A	N/A
Blister				Crack/ Damages	N/A	N/A	N/A
Wrinkle				Others	N/A	N/A	N/A
Delamination				C. CORRUGATED PALLET	In-house	External Provider	Total Quantity
Uneven Kraft liner				Color of Carton (Discoloration)	N/A	N/A	N/A
Warpage				Flute of Material	N/A	N/A	N/A
Cracking on edge				Type of Adhesion	N/A	N/A	N/A
Bursting / Bursting on Edge (Crowfeet)				Adhesion of Runner	N/A	N/A	N/A
Wrong die-cut orientation				Rusty Wire	N/A	N/A	N/A
Inverted die-cut				Wrong Orientation	N/A	N/A	N/A
Close Gap/ Wide Gap				Damages: _____	N/A	N/A	N/A
Print Color : _____				Others : _____	N/A	N/A	N/A
Missing Print/ Character				D. MOULDED ITEMS	In-house	External Provider	Total Quantity
Blotted Print				Poor Fusion	N/A	N/A	N/A
Smeared Print				Chip Off	N/A	N/A	N/A
Other Print Defect : _____				Warp / Deform	N/A	N/A	N/A
Linemark				Crack	N/A	N/A	N/A
Fish-eye				Broken	N/A	N/A	N/A
Stain : _____				Scratches	N/A	N/A	N/A
Excess Glue				Foreign Materials	N/A	N/A	N/A
Gluing Defect : _____				Wet / Moist	N/A	N/A	N/A
Worn-out				Dirt	N/A	N/A	N/A
Dent				Stain : _____	N/A	N/A	N/A
Punctured				Discoloration	N/A	N/A	N/A
Tear-off				Excess Flashes	N/A	N/A	N/A
Peel-off				Others : _____	N/A	N/A	N/A
Damages : _____							
Others : _____							



JOB ORDER

LPR-004-F04-REV.01

Prepared By :	KPPI FPIP Warehouse	Date Needed: 2025/8/15
Date Prepared :	2025/8/8	KpSys #: JO25-F-00160-137

Customer: CANON BUSINESS MACHINE PHILS.		Finished Goods: RJ1-1236-000 CASSETTE ASSY	Quantity: 1400 Piece  ITE000019048
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Materials Required

Issued By: _____

CODE	DESCRIPTION	QUANTITY	EXCESS	ISSUED QTY	DR NO.	SUPPLIER	RECEIVED ON
RJ1-1236-000-RMFG	CASSETTE ASSY	1400 pcs					

PROCESS	DATE	TIME		GOOD QTY		TRIAL RUN	REJECT QTY		Incharge
		Start	End	A	B		In-house	Supplier	
1.SCREENING	25/08/08 25/08/11			140	140		5	14	Sales
						G R			Sales
2.LOT NUMBERING									
						G R			
3.OQA INSPECTION									
						G R			
						G R			
						G R			
						G R			

Remarks:

