

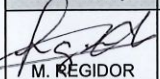

 KANEPACKAGE PHILIPPINE INC.	<h2 style="margin:0;">ABNORMALITY REPORT</h2>	Control No. ARFP2025-08-004													
I. Item Information															
Item Code	RJ1-1228-000	CUSTOMER	CANON BUSINESS MACHINE PHILS.												
Item Description	FIXING ASSY BOX	Delivery Date	250813												
Inspection Date	250812	Inspection Time													
Lot Quantity	700	Job Order Number	JOF0016661												
Affected Quantity	34	Origin	<input checked="" type="checkbox"/> IN-HOUSE <input type="checkbox"/> SUPPLIER:												
Rejection Rate and PPM	4.85%	Date Received	250807												
Sampling Quantity (IQA)		Detection (Section / Area)	KP FPIP QA INSPECTION												
Problem Description	SPOT	Delivery Receipt Number	21350												
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:	NO SPOT												
<input type="checkbox"/> Procedure Manual :	PM-QA-018	Actual:	SPOT												
<input type="checkbox"/> Technical Drawing :	CBM-0552-01AB	Conclusion or Recommendation:	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable												
<input type="checkbox"/> Work Instruction :	WI-FQA-001-001														
<input type="checkbox"/> Job Order :	JOF0016661														
<input type="checkbox"/> Reports :	ARFP2025-08-004														
<input type="checkbox"/> Defect Limit :	CBMP DEFECT LIMIT														
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"/> Conditional (Please indicate details)													
<input type="checkbox"/> Rejected		<input type="checkbox"/> Backload If item is for sorting, for backload, or for rework, fill-out below,													
<input type="checkbox"/> Backload		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Person In Charge</td> <td style="width:33%;">Target Date</td> <td style="width:33%;">Signature</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		Person In Charge	Target Date	Signature									
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													
Detected by	Checked by	Initial Approved by (If Needed)	Approved by												
 M. REGIDOR	 A. PLATON / C. FLORES														
QA Inspector	QA Line Leader	QA Sr. IE													
		ME Head	QA Head												
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Top Management</td> <td style="width:33%;">Final Disposition</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Backload</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Accept</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	Top Management	Final Disposition		<input type="checkbox"/> Backload		<input type="checkbox"/> Accept		<input type="checkbox"/> Other _____				
		Top Management		Final Disposition											
				<input type="checkbox"/> Backload											
	<input type="checkbox"/> Accept														
	<input type="checkbox"/> Other _____														
<input type="checkbox"/> >80% Need															
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		No. 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		No. 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)**

Control No.

SQA-08-000324**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	RJ1-1228-000	Job Order No.	6661
Item Description	FIXING 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:	<input type="checkbox"/> Meter Tape	<input type="checkbox"/> Moisture Content Tester	<input type="checkbox"/> Zahn Cup	<input type="checkbox"/> Stopwatch	Control Number of Measuring Tool Used:
	<input type="checkbox"/> Thickness Gauge	<input type="checkbox"/> Weighing Scale	<input type="checkbox"/> Steel Ruler	<input type="checkbox"/> Caliper	

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
Smear 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 : Date Prepared :	KPPI FPIP Warehouse 2025/8/8	Date Needed: 2025/8/15 KpSys #: JO25-F-00160-135
Customer: CANON BUSINESS MACHINE PHILS.		Finished Goods: RJ1-1228-000 FIXING ASSY PARTITION
		Quantity: 11067 Piece ITE000019029

Materials Required

Issued By: _____

CODE	DESCRIPTION	QUANTITY	EXCESS	ISSUED QTY	DR NO.	SUPPLIER	RECEIVED ON
RJ1-1228-00B.C1	FIXING ASSY PART B	11067 pcs					
RJ1-1228-00C.C2	FIXING ASSY PART C	11067 pcs					
RJ1-1228-00D.C3	FIXING ASSY PART D	11067 pcs					
RJ1-1228-00E/F.C4	FIXING ASSY PART E/F	11067 pcs					
RJ1-1228-00G/H.C5	FIXING ASSY PART G/H	11067 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	727 ^{JS}		727 700				4	SALES
						G R	3		SALES
2.LOT NUMBERING	25/08/12			700			10	37	SALES
						G R			
3.OQA INSPECTION									
						G R			
						G R			
						G R			
						G R			

Remarks:

