

**KANE PACKAGE PHILIPPINE INC.**

No. 5 Ring Road LISI II, Brgy. La Mesa, Calamba City, Laguna
 Telephone No. (049) 5457-7166 to 69
 Fax No. (049) 545-6302

INVESTIGATION REPORT FORM (IRF)

| | |
|--------------|-------------|
| Control No.: | Date Issued |
| 0036 | 241204 |

| | | | |
|------------------|--------------------------------|-------------------|---------------|
| Customer | SHIMADZU PHILIPPINES MFG. INC. | Attention To | REXEL ALMARIO |
| Item Code | 321-60182 | Department | PRODUCTION |
| Item Description | OUTER BOX, BW | Date of Detection | 241015 |
| Job Order Number | JO24-R-003438-73 | Section Detected | QA SCREENING |

ILLUSTRATION OF THE PROBLEM

| | | | |
|--|--------------------|------------------|----------|
| | Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
| | 20 | 20 | 100.00 |
| | Nature of Defect: | | |
| | DENT | | |
| | Requirement: | | |
| | NO DENT MARK | | |

| | | | |
|--|--|--|--|
| NO. OF OCCURENCE | DISPOSITION | AREA OF OCCURENCE / ORIGIN | CONTENT |
| <input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>241024</u> | <input type="checkbox"/> Hold <input type="checkbox"/> Special Acceptance <input type="checkbox"/> For Rework <input checked="" type="checkbox"/> Reject / Disposal | <input type="checkbox"/> Slotter <input type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching | <input type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Others TABLE STITCHING <input type="checkbox"/> Material <input type="checkbox"/> Dimension <input type="checkbox"/> Appearance <input checked="" type="checkbox"/> Process / Method |
| Issued by | Checked by | Approved by | Received by (Receiving Section) |
| ERIKA ASIS 241204 | CHARLENE JAN MARIE FLORES 241204 | MICHAEL CASILLANO 241204 | GERALD DE GUZMAN 241206 |

I. INVESTIGATION / ANALYSIS**DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)**

System / Training

Design / Toolings

Process / Material

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INVESTIGATION REPORT FORM (IRF)**INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)****System / Training****Design / Toolings****Process / Material****FINAL CONCLUSION****CORRECTIVE ACTION: (Actions to be done to ensure that the problem will not happen again)****WHO / WHEN****IMMEDIATE ACTION: (Action to be done to contain/ temporary correct the problem found)**

| A. Sorting Result | | | | | C. Reworking | |
|-------------------|----------|-------------|----|------------|-------------------|-----|
| | Location | Total Stock | NG | Total Good | Rework Quantity | n/a |
| RM | n/a | 0 | 0 | 0 | Total Good | 0 |
| WIP | n/a | 0 | 0 | 0 | | |
| FG | n/a | 0 | 0 | 0 | Rework PPM (Good) | 0 |

B. Orientation

| | | | |
|---------------------------|---|------------------------|-----------------|
| Date | 2024-12-07 | Time | 08:11 |
| Title | Orientation to Table Stitching Operator regarding Dent of Shimadzu 321 60182 Outer Box BW | | |
| Attendees | All authorized in Table Stitching | | |
| Prepared By: | | Approved By: | |
| GERALD DE GUZMAN 250128 | | REXEL ALMARIO 250205 | |
| | | | Department Head |

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INVESTIGATION REPORT FORM (IRF)**II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)**

| | |
|---|---|
| Date Conducted: 2024-12-06 | PIC: M.ASIS |
| Identified Rootcause No proper stacking/palletizing of items | Recommendation Orient the flap-to-flap orientation in stacking the items |

III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge)

| | Checked By: | Date | Implemented? | Running | JO Number | Date | NG Qty | Lot Qty |
|----------------------------|-------------|------------|--|---------|------------------|--------|--------|---------|
| 1st Verification of Action | M.ASIS | 2025-01-20 | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1st | JO24-R-00409-171 | 250120 | 0 | 20 |
| 2nd Verification of Action | M.ASIS | 2025-02-20 | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2nd | JO25-R-00017-195 | 250220 | 0 | 20 |
| 3rd Verification of Action | M.ASIS | 2025-09-16 | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3rd | JO25-R-00084-112 | 250414 | 0 | 30 |
| Effectiveness of Action | M.ASIS | 2025-11-06 | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4th | JO25-R-00244-1 | 250916 | 0 | 15 |
| Remarks: | | | | 5th | O25-R-00283-47 | 251106 | 0 | 30 |

IV. CLOSURE

| Status | Remarks |
|--|---|
| Still Open | Five consecutive running with no dent issues |
| Approved by: | Process Owner Acknowledgment: (Receiving Section) |
| MICHAEL CASILLANO 260112 12:23 QA Head | N/A Top Management |
| Date: 26262626-01-12 | Date: - |
| | N/A Line Leader |
| | N/A Department Head |
| | Date: - |