| | | | <u>-</u> | | | | | | |
|--|----------------------|---|------------------------------------|----------------|---------------------------|-----------------------------|--|--|--|
| | | E PHILIPPINE INC. | INVESTIGATION REPORT FORM (IRF) | | | | | | |
| Telepho | one No. (049) 5457-7 | gy. La Mesa, Calamba City, Laguna 1166 to 69 | Control N | No.: | Date Issued | | | | |
| Fax No. | . (049) 545-6302 | 0039 | | 241213 | | | | | |
| Customer | KOWA-EMORI PH | IILIPPINES, INC. | Attention To REXEL ALMARIO | | | | | | |
| Item Code | HP01D2200C-1 | | Department | PRODUCTION | I | | | | |
| Item Description | CARTON BOX W/ | PRINT | Date of Detection | n 241210 | | | | | |
| Job Order Number | JO24-M-02017-4 | 5 | Section Detected | QA SCREENING 4 | | | | | |
| ı | LLUSTRATION C | OF THE PROBLEM | | | | | | | |
| 1 | | Lot Quantity (pcs | Reject C | ty (pcs) | Reject % | | | | |
| | | 322 | 1360 | 4 | 8 | 3.53 | | | |
| 2 | | Nature of Defect: | | | | | | | |
| | | OVER LAP | | | | | | | |
| | | Miller | Requirement: | | | | | | |
| | | OVERLAP IS NOT ACCEPTABLE | | | | | | | |
| | | | Actual | | | | | | |
| | | | OVERLAP UP TO 5MM | | | | | | |
| NO. OF OCC | CURENCE | DISPOSITION | AREA OF OCCURENCE / ORIGIN CONTENT | | | | | | |
| First | | Hold | Slotter | Gluing | | Material | | | |
| Recurrence No.: 1 Date.: 241210 Issued by | | Special Acceptance | EQOS | Vertical | | Dimension | | | |
| | | For Rework Reject / Disposal | Diecut Detaching | Others | | Appearance Process / Method | | | |
| | | Checked by | Approved | by Receiv | | d by (Receiving Section) | | | |
| ERIKA ASIS | 241213 | CHARLENE JAN MARIE FLORES 241217 | MICHAEL CASILLAI | NO 241217 | GERALD DE GUZMAN 250113 | | | | |
| | | I. INVESTIGATION , | / ANALYSIS | | | | | | |
| DIRECT CAUSE: (AI | nalyze the reasor | of occurence, why it happened?) | | | | | | | |
| System / Training | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Design / Toolings | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Process / Material | | | | | | | | | |
| WHY 1: W1 Operator pre folding the item due to encounter close gap overlap. r nW2 The installed creasing matrix on the vertical creasing line move during Eterna process that caused of misalignment during folding in gluing process. r nW3 Weak adhesion of creasing matrix installed. | | | | | | | | | |



INVESTIGATION REPORT FORM (IRF)

| INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?) | | | | | | | | | | | |
|--|-----------------|---------------|------------------|------------|--------------|------------------------|-----------------------|------------|--|--|--|
| Syster | n / Trai | ining | | | | | | | | | |
| | | | | | | | | | | | |
| Design | ı / Tool | ings | | | | | | | | | |
| | | | | | | | | | | | |
| Proces | ss / Mat | terial | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | EINIAL CO | NG UGION | | | | | |
| FINAL CONCLUSION CORRECTIVE ACTION: (Actions to be done to ensure that the problem will not happen again) WHO / WHEN | | | | | | | | WHO / WHEN | | | |
| | ss / Mat | | | | | | , , | | | | |
| WHY 1: Re installation of Creasing Matrix. | | | | | | | Tooling // 2025-02-01 | | | | |
| IMMED | DIATE A | CTION: (Actio | on to be done to | contain/ t | emporary cor | rect the problem | n found) | | | | |
| A. Sorting Result | | | | | | C. Reworking | | | | | |
| | | Location | Total Stock | NG | Total Good | Rework Quanti | ity | 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 (Go | pod) | 0 | | | |
| B. Orie | ntation | | | | | | | | | | |
| Date | Date 2025-03-01 | | | Time | | 13:07 | | | | | |
| Title | | N/A | | | | | | | | | |
| Attend | ees | n/a | | | | | | | | | |
| Prepared By: | | | | | | Approved By: | | | | | |
| GERALD DE GUZMAN 250304 | | | | | | REXEL ALMARIO 250507 | | | | | |
| | | | | | | | Department Head | | | | |



INVESTIGATION REPORT FORM (IRF)

| II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge) | | | | | | | | | | | | |
|--|--------------------|---|----------------|----------------|-------|------|-----------------|--------|---------|--|--|--|
| Date Conducted: | PIC: | PIC: | | | | | | | | | | |
| Ide | entified Rootcause | | | Recommendation | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge) | | | | | | | | | | | | |
| | Checked By: | Date | Implemented? | Running | JO Nu | mber | Date | NG Qty | Lot Qty | | | |
| 1st Verification of Action | | | [] Yes [] No | 1st | | | | | | | | |
| 2nd Verification of Action | | | [] Yes [] No | 2nd | | | | | | | | |
| 3rd Verification of Action | | | [] Yes [] No | 3rd | | | | | | | | |
| Effectiveness of Action | | | [] Yes [] No | 4th | | | | | | | | |
| Remarks: | | | | | | | | | | | | |
| | | | | 5th | | | | | | | | |
| NV CLOSUPE | | | | | | | | | | | | |
| IV. CLOSURE | | | | | | | | | | | | |
| Status | | | Ne | Remarks | | | | | | | | |
| Still Open | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Approved by: Process Owner Acknowledgment: (Receiving Section) | | | | | | | | | | | | |
| | Proces | Process Owner Acknowledgment: (Receiving Section) | | | | | | | | | | |
| N/A | | N/A | | N/A | | | N/A | | | | | |
| QA Head | Тор М | anagement | Line | Line Leader | | | Department Head | | | | | |
| Date: - | Date: - | | Date: - | Date: - | | | Date: - | | | | | |