| KANEPACKAGE PHILIPPINE INC.  |                                     |  | INVESTIGATION REPORT FORM (IRF)    |                        |                           |                             |  |  |  |
|------------------------------|-------------------------------------|--|------------------------------------|------------------------|---------------------------|-----------------------------|--|--|--|
| Telepho                      | one No. (049) 5457-7                | gy. La Mesa, Calamba City, Laguna<br>1166 to 69      | Control N                          | No.:                   | Date Issued               |                             |  |  |  |
| Fax No.                      | . (049) 545-6302                    |  | 0045                               |                        |                           | 250107                      |  |  |  |
| Customer                     | SANYO DENKI PI                      | HILS INC.  | Attention To REXEL ALMARIO         |                        |                           |                             |  |  |  |
| Item Code                    | 00912906-01                         |  |                                    | PRODUCTION             | N                         |                             |  |  |  |
| Item Description             | PACKAGE                             |  | Date of Detection                  | te of Detection 250103 |                           |                             |  |  |  |
| Job Order Number             | JO24-M-02341-1                      | 2  | Section Detected                   | QA SCREENING           |                           |                             |  |  |  |
| 1                            |                                     |  |                                    |                        |                           |                             |  |  |  |
|                              |                                     | Lot Quantity (pcs                                    | Reject (                           | Qty (pcs)              | Reject %                  |                             |  |  |  |
|                              |                                     | 800  | 4                                  | 10                     | 5.00                      |                             |  |  |  |
|                              |                                     | 0912906  | Nature of Defect:                  |                        |                           |                             |  |  |  |
|                              |                                     | 0912906  | SMEARED PRINT                      |                        |                           |                             |  |  |  |
| <b>!式会社</b>                  |                                     | ACTUAL: With   | Requirement:                       |                        |                           |                             |  |  |  |
| The Philippines              |                                     | smeared print REQUIREMENT: No smeared print          | No smeared print                   |                        |                           |                             |  |  |  |
|                              |                                     | 140 officured print                                  | Actual                             |                        |                           |                             |  |  |  |
| 000                          |                                     |  | With smeared print                 |                        |                           |                             |  |  |  |
| NO. OF OCCURENCE DISPOSITION |                                     |  | AREA OF OCCURENCE / ORIGIN CONTENT |                        |                           |                             |  |  |  |
| Recurrence No.: 1            |                                     | Hold   | Slotter Gluing EQOS Vertica        |                        | A                         |                             |  |  |  |
|                              |                                     | Special Acceptance                                   |                                    |                        |                           |                             |  |  |  |
|                              |                                     | For Rework  Reject / Disposal                        | Diecut  Detaching                  | Others                 |                           | Appearance Process / Method |  |  |  |
|                              |                                     | Checked by   | Approved                           | 1 by                   | Received                  | by (Receiving Section)      |  |  |  |
| LESTER JOHN DI               |                                     | CHARLENE JAN MARIE FLORES   250111                   | MICHAEL CASILLANO   250113         |                        | GERALD DE GUZMAN   250113 |                             |  |  |  |
| ,                            |                                     | I. INVESTIGATION                                     |                                    |                        |                           |                             |  |  |  |
| DIRECT CAUSE: (A             | nalyze the reasor                   | of occurence, why it happened?)                      | , AIIAE I OIO                      |                        |                           |                             |  |  |  |
| System / Training            |                                     |  |                                    |                        |                           |                             |  |  |  |
|                              |                                     |  |                                    |                        |                           |                             |  |  |  |
|                              |                                     |  |                                    |                        |                           |                             |  |  |  |
| Design / Toolings            |                                     |  |                                    |                        |                           |                             |  |  |  |
|                              |                                     |  |                                    |                        |                           |                             |  |  |  |
|                              |                                     |  |                                    |                        |                           |                             |  |  |  |
|                              |                                     |  |                                    |                        |                           |                             |  |  |  |
| Process / Material           |                                     | THE DOINTED ADEL 140 COMMUNICATION                   | N OF INIX ON THE ES                | EC OF EL EVO =:        | ATE 1112                  | DUE TO 01/52 25             |  |  |  |
|                              | READ FURTHER ON<br>N (ADJUSTMENT UP | THE PRINTED AREA r nW2 ACCUMULATION<br>ON TRIAL RUN) | N OF INK ON THE EDG                | ES OF FLEXO PL         | AIErnW3 [                 | DUE TO OVER PRINT           |  |  |  |



## **INVESTIGATION REPORT FORM (IRF)**

Department Head

| INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)   |   |                |                |           |                        |                    |              |            |  |  |
|--|---|----------------|----------------|-----------|------------------------|--------------------|--------------|------------|--|--|
| Syste  | n / Tra   | ining          |                |           |                        |                    |              |            |  |  |
|  |   |                |                |           |                        |                    |              |            |  |  |
| Desig  | ı / Too   | lings          |                |           |                        |                    |              |            |  |  |
|  |   |                |                |           |                        |                    |              |            |  |  |
| _  | / 5.4   |                |                |           |                        |                    |              |            |  |  |
| Proces   | ss/Ma   | teriai         |                |           |                        |                    |              |            |  |  |
| WHY 1  | : N/A   |                |                |           |                        |                    |              |            |  |  |
| FINAL CONCLUSION   |   |                |                |           |                        |                    |              |            |  |  |
| CORRI  | CTIVE   | ACTION: (Actio | ons to be done | to ensure | that the prob          | lem will not happe | en again)    | WHO / WHEN |  |  |
| Proces   | s / Ma  | terial         |                |           |                        |                    |              |            |  |  |
| WHY 1  | WHY 1: CLEANING OF CYREL UPON DETECTION OF SMEARED PRINT. EQOS OPERATOR // 2024-12-28 |                |                |           |                        |                    |              |            |  |  |
| WHY 2: TRANSFER SOLID PRINT FROM UNIT 1 TO UNIT 2 AFTER THE INSTALLATION OF NEW UPGRADED ANILOX PRODUCTION LEADERS // 2025-04-01 |   |                |                |           |                        |                    |              |            |  |  |
| 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 (Goo    | d)           | 0          |  |  |
| B. Orie  | ntation   |                |                |           |                        |                    |              |            |  |  |
| Date 2025-04-01  |   |                | Time 12:50     |           |                        |                    |              |            |  |  |
| Title  | n/a   |                |                |           |                        |                    |              |            |  |  |
| Attend   | Attendees n/a   |                |                |           |                        |                    |              |            |  |  |
| Prepared By:   |   |                |                |           |                        |                    | Approved By: |            |  |  |
| GERALD DE GUZMAN   250410  |   |                |                |           | REXEL ALMARIO   250507 |                    |              |            |  |  |



## **INVESTIGATION REPORT FORM (IRF)**

| II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)       |                      |           |                |   |                |      |                 |        |         |  |  |  |
|--|----------------------|-----------|----------------|---|----------------|------|-----------------|--------|---------|--|--|--|
| Date Conducted:  | PIC:                 | PIC:      |                |   |                |      |                 |        |         |  |  |  |
| Ide  | Identified 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   |                |      |                 |        |         |  |  |  |
| IV. CLOSUPE  |                      |           |                |   |                |      |                 |        |         |  |  |  |
| IV. CLOSURE  |                      |           |                |   |                |      |                 |        |         |  |  |  |
| Status   |                      |           | Ne             | Remarks   |                |      |                 |        |         |  |  |  |
| Still Open   |                      |           |                |   |                |      |                 |        |         |  |  |  |
|  |                      |           |                |   |                |      |                 |        |         |  |  |  |
|  |                      |           |                |   |                |      |                 |        |         |  |  |  |
| Approved by:   |                      |           | 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: -         |        |         |  |  |  |