



KANEPACKAGE PHILIPPINE INC.

No. 5 Ring Road LISP 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

0057

250218

| | | | |
|------------------|--------------------------------------|-------------------|---------------|
| Customer | BROTHER INDUSTRIES PHILIPPINES, INC. | Attention To | REXEL ALMARIO |
| Item Code | D02WYS001 | Department | PRODUCTION |
| Item Description | CARTON BK BTL21 (X20) PH | Date of Detection | 250213 |
| Job Order Number | JO25-M-00197-29 | Section Detected | QA SCREENING |

ILLUSTRATION OF THE PROBLEM



| | | |
|--------------------------|------------------|----------|
| Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
| 500 | 20 | 4.00 |
| Nature of Defect: | | |
| PEEL OFF | | |
| Requirement: | | |
| NO PEEL OFF | | |
| Actual | | |
| WITH PEEL OFF UP TO 30MM | | |

| NO. OF OCCURENCE | DISPOSITION | AREA OF OCCURENCE / ORIGIN | CONTENT |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>250213</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 checked="" type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input type="checkbox"/> Others | <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) |
| MA. ERIKA MAE ASIS 250218 | CHARLENE JAN MARIE FLORES 250219 | MICHAEL CASILLANO 250220 | GERALD DE GUZMAN 250410 |

I. INVESTIGATION / ANALYSIS

DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)

System / Training

Design / Toolings

Process / Material

WHY 1 : Affected portion was peeled off during stripping.

WHY 2 : There is an uncut portion that wasn't fully cut during die cutting process.

WHY 3 : Cutting blade did not fully penetrate the affected area.

WHY 4 : Uneven die pressure due to inconsistent usage of backing tape and sponge ejector

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INVESTIGATION REPORT FORM (IRF)**INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)**

System / Training

Design / Toolings

Process / Material

WHY 1 : NA

FINAL CONCLUSION

CORRECTIVE ACTION: (Actions to be done to ensure that the problem will not happen again)

WHO / WHEN

Process / Material

WHY 1: Back to zero layout

Tooling Custodian // 2025-04-15

WHY 2: STANDARDIZATION OF USING EJECTOR SPONGE AND BACKING TAPE

ME and Production IE //
2025-05-31

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 | 0 |
|-----|----------|-------------|----|------------|-------------------|---|
| RM | na | 0 | 0 | 0 | Total Good | 0 |
| WIP | na | 0 | 0 | 0 | Rework PPM (Good) | 0 |
| FG | na | 0 | 0 | 0 | | |

B. Orientation

| | | | |
|-----------|------------|------|-------|
| Date | 2025-05-07 | Time | 09:29 |
| Title | na | | |
| Attendees | na | | |

Prepared By:

Approved By:

GERALD DE GUZMAN | 250507

REXEL ALMARIO | 250507

Department Head

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

| | |
|----------------------|----------------|
| Date Conducted: | PIC: |
| Identified Rootcause | Recommendation |

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 | | | [] 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. CLOSURE

| Status | Remarks |
|------------|---------|
| Still Open | |

| Approved by: | | Process Owner Acknowledgment: (Receiving Section) | |
|--------------|----------------|---------------------------------------------------|-----------------|
| N/A | N/A | N/A | N/A |
| QA Head | Top Management | Line Leader | Department Head |
| Date: - | Date: - | Date: - | Date: - |