KAR	NEDACKAG	E PHILIPPINE INC.	INVESTIGA	ATION RI	FPORT	FORM (IRF)			
No. 5 R		gy. La Mesa, Calamba City, Laguna	Control		Date Issued				
	one No. (049) 5457-7 o. (049) 545-6302	7100 to 69	0058		250220				
Customer	BROTHER INDUS	STRIES PHILIPPINES, INC.	Attention To REXEL ALMA						
Item Code	D02WYS001		Department						
Item Description	CARTON BK BTL		Date of Detection						
lob Order Number									
,	, , , , , ,	Section Detected QA SCREENING							
	ILLUSTRATION () D: 16	2. /) 2					
		ACTUAL: With peel off to 30 mm REQUIREMENT: Np-	Lot Quantity (pcs		Qty (pcs)	Reject %			
			500		20 4.00				
D02WYS001	× 20	o peel off	Nature of Defect:						
			PEEL OFF						
	COL	Requirement:							
	ENC	There should be no peel off							
		Actual							
brother at your side			With peel off to 30 mm						
NO. OF OC	CURENCE	DISPOSITION	AREA OF OCC	CURENCE / OR	RIGIN CONTENT				
First Recurrence No.: 1 Date.: 250213		Hold	Slotter	Gluing		Material			
		Special Acceptance For Rework	EQOS Diecut	Vertical		Dimension Appearance			
		Reject / Disposal	Detaching	Others —		Process / Method			
Issued by		Checked by	Approved	l by	Received by (Receiving				
LESTER JOHN DI	IOSO 250220	N/A	N/A		N/A				
		I. INVESTIGATION	/ ANALYSIS						
-	nalyze the reaso	n of occurence, why it happened?)							
System / Training									
Design / Toolings									
Process / Material									



INVESTIGATION REPORT FORM (IRF)

INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)											
Syster	m / Trai	ning									
Dosina	. / Tool	inas									
Design	ı / Tool	ings									
Process / Material											
					FINAL CO	NCLUSION					
CORRE	CTIVE	ACTION: (Action	ns to be done	to ensure t	hat the probl	lem will not hap	pen again)	WHO / WHEN			
IMMEDIATE ACTION: (Action to be done to contain/ temporary correct the problem found)											
A. Sort	ing Resu	ult				C. Reworking					
		Location	Total Stock	NG	Total Good	Rework Quantity					
RM						Total Good					
WIP											
FG						Rework PPM (Go	ood)				
B. Orientation											
Date	Date		Time								
Title											
Attend	ees										
Prepared By:			Approved By:								
N/A						N/A					
						Department Head					

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)

II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)												
Date Conducted:	PIC:											
Iden	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. C	LOSURE									
Status		Remarks										
Cancelled IRF												
Cancelled IRF												
	Approved by:											
, , , , , , , , , , , , , , , , , , ,	Process Owner Acknowledgment: (Receiving Section)											
N/A		N/A		N/A			N/A					
QA Head	Тор	Management	Line	Line Leader			Department Head					
Date: -	Date: -		Date: -	Date: -			Date: -					