KAI	INVESTIGATION REPORT FORM (IRF)							
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna Telephone No. (049) 5457-7166 to 69			Control No.:		Date Issued			
Fax No. (049) 545-6302			0059		250220			
Customer	DENSO PHILIPPI	NES CORPORATION	Attention To	REXEL ALMA				
ltem Code	PH989702-0721		Department	PRODUCTION				
Item Description	BOX		Date of Detection	250213				
Job Order Number	JO25-M-00433-5	9	Section Detected QA SCREENING					
I	ILLUSTRATION C	OF THE PROBLEM						
	THE STATE	TAP	Lot Quantity (pcs	s) Reject (Qty (pcs)	Reject %		
			500	2	20	4.00		
			Nature of Defect:					
	-		PEEL OFF					
			Requirement:					
			No peel off					
	702-0721		Actual					
	Peel off up to IENT: No pe	eel off	Peel off up to 225mm by 30mm					
NO. OF OC	CURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN CONTEN					
First	No.: <u>1</u> Date.: <u>250213</u>	 Hold Special Acceptance For Rework Reject / Disposal 	Slotter EQOS Diecut Detaching	Gluing Vertical Others		Material Dimension Appearance Process / Method		
lssued by		Checked by	Approved by		Received by (Receiving Section)			
LESTER JOHN D	LESTER JOHN DIOSO 250220 CHARLENE JAN MARIE FI		MICHAEL CASILLA	NO 250226	GERALD I	GERALD DE GUZMAN 250410		
		I. INVESTIGATION	ANALYSIS					
DIRECT CAUSE: (A System / Training	nalyze the reasor	of occurence, why it happened?)						
System / Hannig								
Design / Toolings								
Process / Material								
WHY 1 : The liner s	urface of the board v	was hit on the feed gate of Eqos.						
WHY 2 : Presence of	of excess liner and de	elamination in the edge of the boards.						

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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 VER	IFICATI	ON (To be fil	led out by QA	ln-cha	arge)							
Date Conducted: PIC												
Id	lentified	Rootcause					Recomm	endation				
III. CORRECTIVE ACTIO	N VERIF	ICATION (To	be filled out	by QA	In-charge)							
	Ch	ecked By:	Date	Im	plemented?	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						
		I	ľ	V. CLO	SURE							
Status			Re	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: -				