

**KANE PACKAGE PHILIPPINE INC.**

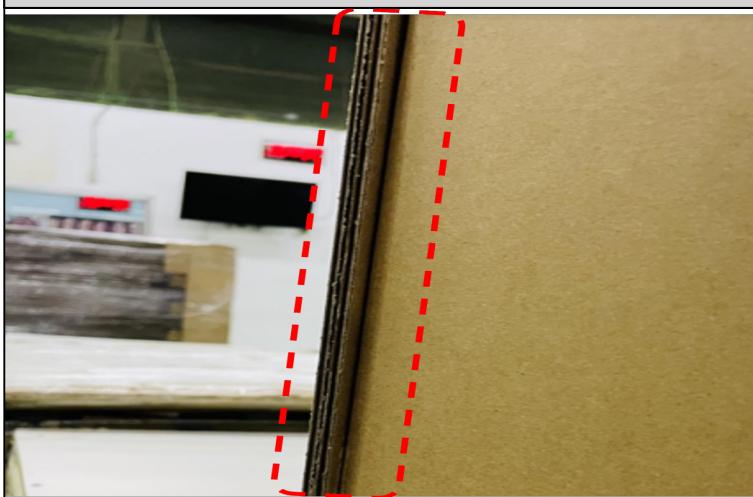
No. 5 Ring Road LISI II, Brgy. La Mesa, Calamba City, Laguna
 Telephone No. (049) 5457-7166 to 69
 Fax No. (049) 545-6302

INVESTIGATION REPORT FORM (IRF)

| | |
|--------------|-------------|
| Control No.: | Date Issued |
| 0064 | 250226 |

| | | | |
|------------------|-------------------------------|-------------------|----------------|
| Customer | CANON BUSINESS MACHINE PHILS. | Attention To | REXEL ALMARIO |
| Item Code | RX1-5732-000 | Department | PRODUCTION |
| Item Description | Z10 SLEEVE | Date of Detection | 250222 |
| Job Order Number | JO-F-25-185-4 | Section Detected | QA SCREENING 3 |

ILLUSTRATION OF THE PROBLEM

| | | | |
|--|--------------------|------------------|----------|
|  | Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
| | 600 | 25 | 4.17 |
| | Nature of Defect: | | |
| | OVER LAP | | |
| | Requirement: | | |

| | | | |
|--|--|--|--|
| NO. OF OCCURENCE | DISPOSITION | AREA OF OCCURENCE / ORIGIN | CONTENT |
| <input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>250222</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 type="checkbox"/> Diecut <input type="checkbox"/> Detaching | <input checked="" 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 250226 | CHARLENE JAN MARIE FLORES 250226 | MICHAEL CASILLANO 250303 | GERALD DE GUZMAN 250410 |

I. INVESTIGATION / ANALYSIS**DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)****System / Training**

WHY 1 : Not enough pre folding to get the correct gap dimension.

WHY 2 : Operator on going familiarization to gluing process.

WHY 3 : Operator newly hired and cross train to gluing process.

Design / Toolings**Process / Material**



INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)

System / Training

WHY 1 : N/A

Design / Toolings

Process / Material

FINAL CONCLUSION

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

WHO / WHEN

System / Training

WHY 1: Revision of Manual Gluing Work Instruction (inclusion of actual defect picture)

Production IE // 2025-04-25

WHY 2: Provision of sample gluing defect board

Production IE and Leaders // 2025-04-30

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 | | |
| FG | na | 0 | 0 | 0 | Rework PPM (Good) | 0 |

B. Orientation

Date 2025-04-24 Time 09:00

Title na

Attendees na

Prepared By:

Approved By:

GERALD DE GUZMAN | 250424

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 | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1st | | | | |
| 2nd Verification of Action | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2nd | | | | |
| 3rd Verification of Action | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3rd | | | | |
| Effectiveness of Action | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4th | | | | |
| Remarks: | | | | 5th | | | | |

IV. CLOSURE

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