| KAI | NEPACKAG | E PHILIPPINE INC. | INVESTIGATION REPORT FORM (IRF) | | | | | | |
|--|-------------------------|--|---|----------------------|---------------|---------------------------|--|--|--|
| Teleph | one No. (049) 5457-7 | gy. La Mesa, Calamba City, Laguna '166 to 69 | Control | No.: | Date Issued | | | | |
| Fax No | 0. (049) 545-6302 | | 0068 | 0068 | | 250301 | | | |
| Customer | BROTHER INDUS | STRIES PHILIPPINES, INC. | Attention To | REXEL ALMARIO | | | | | |
| Item Code | D037G1001 | | Department PRODUCTION | | | | | | |
| Item Description | CARTON MFC-J45 | 550DW EU-C | Date of Detection 250225 | | | | | | |
| Job Order Number | JO-25-IPD-00279 | -1 | Section Detected QA SCREENING 3 | | | | | | |
| I | ILLUSTRATION C | OF THE PROBLEM | | • | | | | | |
| / | | | Lot Quantity (pc | s) Reject (| Qty (pcs) | Reject % | | | |
| | | | 2100 | 3 | 37 | 1.76 | | | |
| | ball | | Nature of Defect: | | | | | | |
| i | orouner at your side | | MISALIGN PRINT | | | | | | |
| | | | Requirement: | | | | | | |
| ACTUAL: | With misali 5 15mm | | ±5 print tolerance | | | | | | |
| REQUIRE | MENT: No | | Actual | | | | | | |
| misalign p | orint | | Misalign print up to 15 mm from creasing line | | | | | | |
| NO. OF OC | CURENCE | DISPOSITION | AREA OF OCCURENCE / ORIGIN | | | CONTENT | | | |
| First | | Hold | Slotter | Gluing | | Material | | | |
| Recurrence | No.: <u>1</u> | Special Acceptance | EQOS Diecut | Dimension Appearance | | | | | |
| | Date.: 250225 | Reject / Disposal | Detaching | Others | Process / Met | | | | |
| lssue | d by | : <u>250225</u> Reject / Disposal Detaching Checked by Approved by Received by (F | | | | | | | |
| LESTER JOHN D | IOSO 250301 | CHARLENE JAN MARIE FLORES 250301 | MICHAEL CASILLANO 250303 GI | | | GERALD DE GUZMAN 250410 | | | |
| | | I. INVESTIGATION | ANALYSIS | | | | | | |
| | nalyze the reasor | n of occurence, why it happened?) | | | | | | | |
| System / Training | | | | | | | | | |
| | | | | | | | | | |
| Design / Toolings | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Process / Material | | | | | | | | | |
| WHY 1 : Movement | of print during proc | ess | | | | | | | |
| WHY 2 : Delayed timing/feeding of boards | | | | | | | | | |
| WHY 3 : Warp mate | erials | | | | | | | | |
| WHY 4 : Lacking of | weight jig | | | | | | | | |
| | | | | | | | | | |



KANEPACKAGE PHILIPPINE INC. No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna

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

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

System / Training

Design / Toolings

Process / Material

WHY1: na

| FINAL CONCLUSION | | | | | | | | | | |
|---------------------------|---|-------------------|------------------|---------------|-------------------|-----------|------------|--|--|--|
| CORRE | CTIVE ACTION: (Act | ions to be done t | to ensure | that the prob | lem will not happ | en again) | WHO / WHEN | | | |
| Process | s / Material | | | | | | | | | |
| WHY 1: | Provision of new we advised of top man | y disposed as per | ME // 2025-06-16 | | | | | | | |
| IMMED | IATE ACTION: (Action | on to be done to | contain/ t | emporary cor | rect the problem | found) | | | | |
| A. Sortir | ng Result | | | | C. Reworking | | | | | |
| | Location | Total Stock | NG | Total Good | Rework Quantity | y | na | | | |
| RM | na | 0 | 0 | 0 | Total Good | | 0 | | | |
| WIP | na | 0 | 0 | 0 | | | | | | |
| FG | na | 0 | 0 | 0 | Rework PPM (Goo | od) | 0 | | | |
| B. Orien | tation | | | | | | | | | |
| Date | 2025-06-10 | | | Time | | 08:36 | | | | |
| Title | na | na | | | | | | | | |
| Attende | es na | | | | | | | | | |
| Prepared By: | | | | | Approved By: | | | | | |
| GERALD DE GUZMAN 250610 | | | | | N/A | | | | | |
| | | | | | Department Head | | | | | |

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|--|-----------|----------------|---------------|-----------------|---|---------------------------------|--------|-----------------|------|--------|---------|--|--|
| II. QA ROOTCAUSE VER | IFICATI | ON (To be fil | led out by QA | ln-cha | arge) | | | | | | | | |
| Date Conducted: | | | | F | 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 | | 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: - | | | 1 | Date: - Date: - | | | | | | | | | |