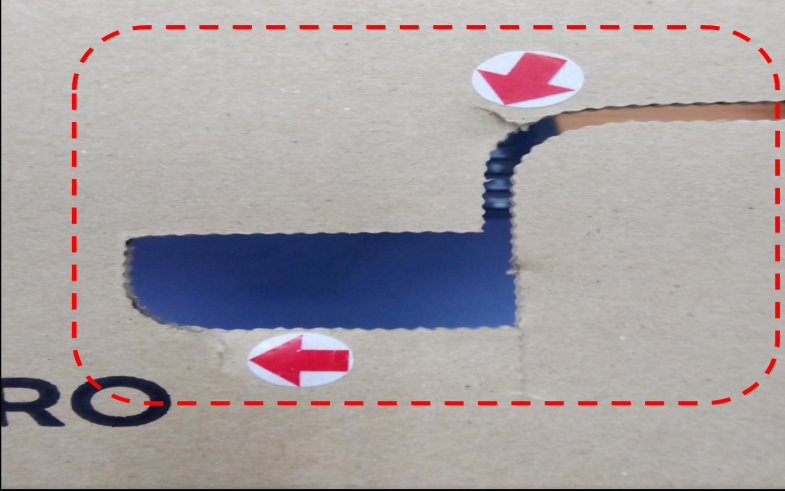


**KANEPACKAGE PHILIPPINE INC.**

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	
0070		250307	
Customer	MITSUMI PHILIPPINES INC.	Attention To	REXEL ALMARIO
Item Code	19-Y926 A	Department	PRODUCTION
Item Description	19-Y926 A DRT-J583 CARTON BOX-R	Date of Detection	250303
Job Order Number	JO25-M-00127-6	Section Detected	QA SCREENING

ILLUSTRATION OF THE PROBLEM

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
1600	67	4.19
Nature of Defect:		
TEAR OFF		
Requirement:		
TEAR OFF NOT ACCEPTABLE		
Actual		
WITH TEAR OFF		

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN		CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>250303</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 checked="" 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 250307	CHARLENE JAN MARIE FLORES 250310	MICHAEL CASILLANO 250310	GERALD DE GUZMAN 250410	

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

WHY 1 : Tear off occurred on the affected area during Detaching process

WHY 2 : There is an uncut portion during die cutting process.

WHY 3 : Cutting blade did not fully penetrate to the boards.

WHY 4 : Unbalance application of ejector sponge.

Process / Material

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

WHY 1 : na

Process / Material**FINAL CONCLUSION****CORRECTIVE ACTION: (Actions to be done to ensure that the problem will not happen again)****WHO / WHEN****Design / Toolings**

WHY 1: Back to zero layout

Tooling Custodian // 2025-06-14

WHY 2: Alignment of WI PR 003 004 Guidelines in Using Diecut blade ejector layouting

Tooling Custodian // 2025-06-14

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	na
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	2025-06-10	Time	08:23
Title	na		
Attendees	na		

Prepared By:**Approved By:**

GERALD DE GUZMAN | 250618

N/A

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: -