

**KANE PACKAGE 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 |
| 0074 | 250327 |

| | | | |
|------------------|------------------------|-------------------|---------------|
| Customer | SANYO DENKI PHILS INC. | Attention To | REXEL ALMARIO |
| Item Code | 00949347-01 | Department | PRODUCTION |
| Item Description | Print Specification | Date of Detection | 250323 |
| Job Order Number | JO25-M-00641-141 | Section Detected | QA SCREENING |

ILLUSTRATION OF THE PROBLEM

| | | | |
|-------------------|--------------------|------------------|----------------------------------|
| | Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
| | 1000 | 22 | 2.20 |
| Nature of Defect: | | | MISALIGN PRINT |
| Requirement: | | | Print tolerance $\pm 5\text{mm}$ |
| Actual | | | Exceed specified print tolerance |

| NO. OF OCCURENCE | DISPOSITION | AREA OF OCCURENCE / ORIGIN | CONTENT |
|---|---|--|--|
| <input checked="" type="checkbox"/> First | <input type="checkbox"/> Hold | <input type="checkbox"/> Slotter | <input type="checkbox"/> Material |
| <input type="checkbox"/> Recurrence No.: <u>1</u> | <input type="checkbox"/> Special Acceptance | <input checked="" type="checkbox"/> EQOS | <input type="checkbox"/> Dimension |
| Date.: <u>250323</u> | <input type="checkbox"/> For Rework | <input type="checkbox"/> Vertical | <input type="checkbox"/> Appearance |
| | <input checked="" type="checkbox"/> Reject / Disposal | <input type="checkbox"/> Diecut | <input checked="" type="checkbox"/> Process / Method |
| | | <input type="checkbox"/> Detaching | |
| Issued by | Checked by | Approved by | Received by (Receiving Section) |
| LESTER JOHN DIOSO 250327 | CHARLENE JAN MARIE FLORES 250421 | MICHAEL CASILLANO 250422 | GERALD DE GUZMAN 250506 |

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

WHY 1 : PRINT MOVED AGAINST THE REQUIRED DIMENSION nFROM CREEPING TO PRINT SHOULD BE 4MM BUT THE ACTUAL DIMENSION IS 9MM.

WHY 2 : THERE IS AN OCCURRENCE OF MOVEMENT OF MATERIAL DURING FEEDING PROCESS

WHY 3 : RANDOM OCCURRENCE OF UNEVEN SHEET SIZE.



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

System / Training

Design / Toolings

Process / Material

WHY 1 : NA

FINAL CONCLUSION

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

WHO / WHEN

Process / Material

WHY 1: GENERATE GUIDELINES WITH REGARDS RANDOM TAPPING FOR DIECUTTED ITEMS TO VERIFY THE
CORRECTNESS OF BOARDS SIZE. Production Leader // 2025-05-31

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

| B. Orientation | | | |
|----------------|------------|------|-------|
| Date | 2025-05-15 | Time | 11:50 |
| Title | na | | |
| Attendees | na | | |

| Prepared By: | Approved By: |
|---------------------------|-----------------|
| GERALD DE GUZMAN 250515 | 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 | | | <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 | | |
|----------------|-----------------------|---|------------------------|
| Still Open | | | |
| 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: - |