

**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)

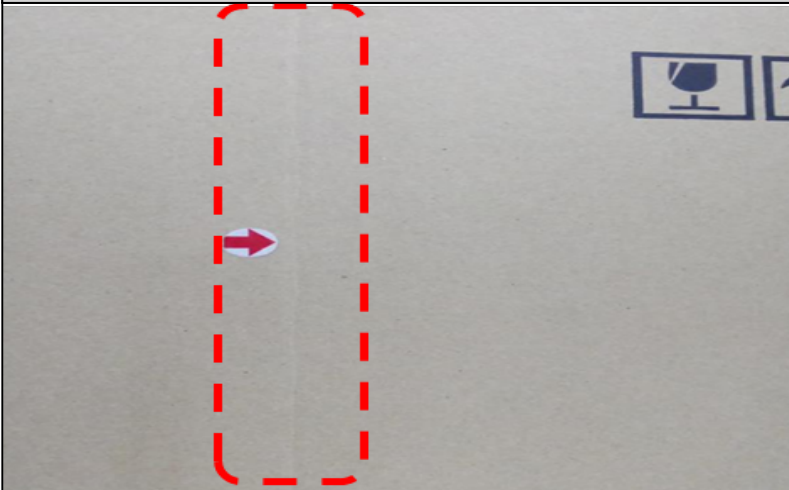
Control No.:

Date Issued

0076

250329

| | | | |
|------------------|------------------------------|-------------------|---------------|
| Customer | KOWA-EMORI PHILIPPINES, INC. | Attention To | REXEL ALMARIO |
| Item Code | HP01D5601_SAMPLE | Department | PRODUCTION |
| Item Description | CARTON BOX | Date of Detection | 250326 |
| Job Order Number | JO25-M-00986-2 | Section Detected | QA SCREENING |

ILLUSTRATION OF THE PROBLEM

| | | |
|------------------------------------|------------------|----------|
| Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
| 400 | 17 | 4.25 |
| Nature of Defect: | | |
| SCORING | | |
| Requirement: | | |
| Scoring end to end is not allowed. | | |
| Actual | | |
| With end to end heavy scoring. | | |

| NO. OF OCCURENCE | DISPOSITION | AREA OF OCCURENCE / ORIGIN | CONTENT |
|--|--|---|--|
| <input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>250326</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 type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Others <u>HANDLING</u> | <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) |
| LESTER JOHN DIOSO 250329 | 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 : There is a factor that scoring was outflow from Supplier.

WHY 2 : No possibility that heavy scoring occurs in house process.

WHY 3 : Items have a small sheet size of 364x731mm only.

WHY 4 : Possible scoring occurs during processing in Supplier side or during loading/unloading of raw materials.

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INVESTIGATION REPORT FORM (IRF)**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: Orientation awareness to operators regarding this issue. r nQA and Prod.

Production Leaders // 2025-07-03

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 | 2025-07-01 | | | Time | 07:17 |
| Title | na | | | | |
| Attendees | na | | | | |

Prepared By:

Approved By:

GERALD DE GUZMAN | 250701

REXEL ALMARIO | 260427

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: - |