



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.:

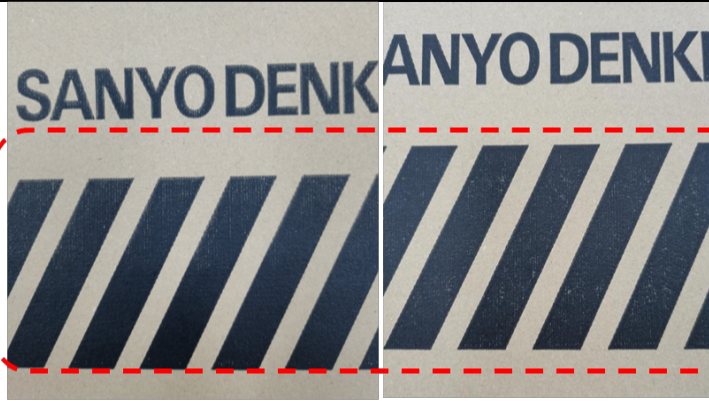
Date Issued

0086

250423

| | | | |
|------------------|------------------------|-------------------|----------------|
| Customer | SANYO DENKI PHILS INC. | Attention To | REXEL ALMARIO |
| Item Code | 00902010-01 | Department | PRODUCTION |
| Item Description | PRINT SPECIFICATION | Date of Detection | 250411 |
| Job Order Number | JO25-M-01151-181 | Section Detected | QA SCREENING 2 |

ILLUSTRATION OF THE PROBLEM



| | | |
|--------------------|------------------|----------|
| Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
| 1700 | 39 | 2.29 |

Nature of Defect:

POOR PRINT

Requirement:

Poor print is Not Acceptable on Class A surface.

Actual

Poor print is Not Acceptable base on defect limit criteria of customer.

ACTUAL: Poor print is **Not Acceptable** base on defect limit criteria of customer.
REQUIREMENT: Poor print is **Not Acceptable**.

| NO. OF OCCURENCE | DISPOSITION | AREA OF OCCURENCE / ORIGIN | CONTENT |
|--|--|--|--|
| <input type="checkbox"/> First <input checked="" type="checkbox"/> Recurrence No.: <u>3</u> Date.: <u>250214</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 checked="" type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input 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) |
| LESTER JOHN DIOSO 250423 | CHARLENE JAN MARIE FLORES 250423 | MICHAEL CASILLANO 250424 | 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 : Insufficient ink distribution on the substrate using 9 secs ink viscosity.

WHY 2 : Due to no skipping feeding of board.

WHY 3 : Mandatory implementation of Skip Off mode to all items due to improved Anilox Roller of Eqos r nprinting unit 2 without study conducted regarding applicable ink viscosity before the implementation.

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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: Collect data from the previous running using Skip Off mode with and without occurrence of Poor Print to identify the applicable ink viscosity.

Production // 2025-08-26

WHY 2: Change the standard ink viscosity in Eqos Work Instruction from 9sec to 10sec because it was found out that 10 secs is the applicable ink viscosity for Skip Off mode process.

Production IE // 2025-08-29

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

B. Orientation

| | | | |
|---------------------------|------------|-----------------|-------|
| Date | 2025-09-08 | Time | 16:34 |
| Title | na | | |
| Attendees | NA | | |
| Prepared By: | | Approved By: | |
| GERALD DE GUZMAN 250908 | | 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: - |