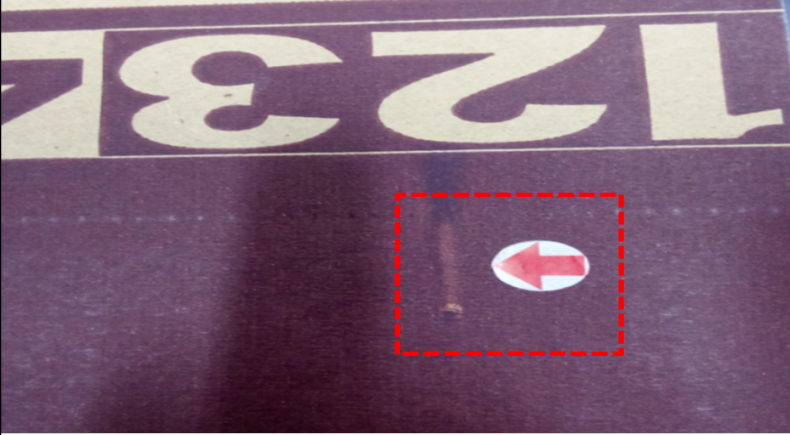


**KANEPACKAGE PHILIPPINE INC.**

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	
0088		250510	
Customer	LINE SEIKI PHILIPPINES, INC.	Attention To	REXEL ALMARIO
Item Code	RM-ZRY002C	Department	PRODUCTION
Item Description	STANDARD BOX	Date of Detection	250425
Job Order Number	JO22-R-00069-2	Section Detected	QA SCREENING 2

ILLUSTRATION OF THE PROBLEM**ACTUAL: Poor print is Not Acceptable.**

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
2000	50	2.50
Nature of Defect:		
POOR PRINT		
Requirement:		
Poor print on class A is not Acceptable		
Actual		
Poor print on class A surface		

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>250425</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 250510	CHARLENE JAN MARIE FLORES 250519	MICHAEL CASILLANO 250519	GERALD DE GUZMAN 250614

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

WHY 1 : There was a presence of accumulated thickened ink during processing the item.

WHY 2 : The ink used was a slow moving and it was not totally strained prior setup.

WHY 3 : The ink was not totally strained prior setup.

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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: Re strain the ink upon detection during mass production.

Eqs operator // 2025-04-22

WHY 2: r nRe orientation on straining of slow moving ink prior usage.

Production Leader // 2025-06-25

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	2025-06-25	Time	06:51
Title	Reorientation on straining of slow moving ink prior setup/usage.		
Attendees	Eqs Operators		

Prepared By:

Approved By:

GERALD DE GUZMAN | 250709

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: -