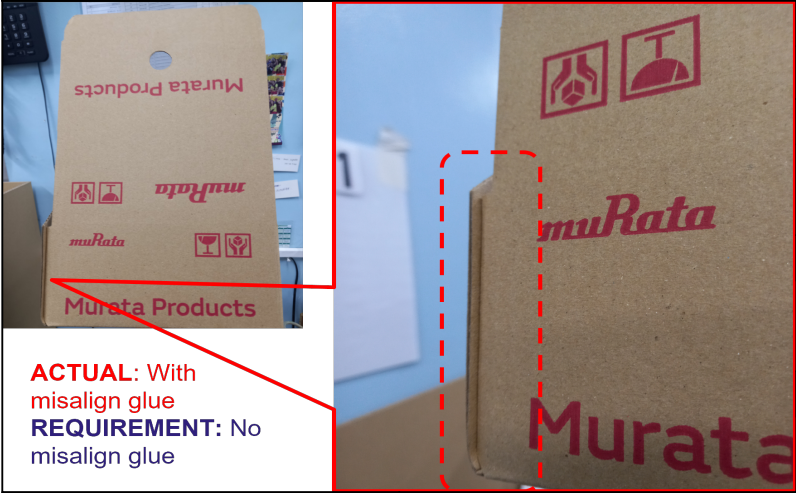
 KANEPACKAGE PHILIPPINE INC. No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna Telephone No. (049) 5457-7166 to 69 Fax No. (049) 545-6302		INVESTIGATION REPORT FORM (IRF)		
		Control No.:		Date Issued
		0091		250610
Customer	KOWA-EMORI PHILIPPINES, INC.	Attention To	REXEL ALMARIO	
Item Code	HP33D1010-1	Department	PRODUCTION	
Item Description	OUTER BOX	Date of Detection	250602	
Job Order Number	JO25-M-01645-63	Section Detected	QA SCREENING	
ILLUSTRATION OF THE PROBLEM				
		Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
		1500	33	2.20
		Nature of Defect:		
		MISALIGN GLUE		
		Requirement:		
		Overlap is acceptable up to 5mm		
		Actual		
		Above 5mm overlap		
NO. OF OCCURENCE		DISPOSITION		AREA OF OCCURENCE / ORIGIN
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>250602</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 checked="" 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
LESTER JOHN DIOSO 250610		CHARLENE JAN MARIE FLORES 250613		RHODORA MIRANDA 250616
				Received by (Receiving Section)
				GERALD DE GUZMAN 250709
I. INVESTIGATION / ANALYSIS				
DIRECT CAUSE: (Analyze the reason of occurence, why it happened?)				
System / Training				
WHY 1 : The attachment of joint flap was not properly aligned.				
WHY 2 : Operator is ongoing familiarization in gluing emori items.				
WHY 3 : Operator assigned was newly transferred to SD1800 as crosstraineed.				
Design / Toolings				
Process / Material				

**KANEPACKAGE PHILIPPINE INC.**

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Fax No. (049) 545-6302

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

WHY 1 : na

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

WHY 1: To include in SD1800 trainer s responsibility the checking of the items processed by the trainee. Reject output will not be included in rejects since actual items are used during training period.

Production IE // 2025-08-09

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	2025-07-31	Time	15:49
Title	na		
Attendees	NA		

Prepared By:**Approved By:**

GERALD DE GUZMAN | 250807

N/A

Department Head



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: -