
 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				
 <p>ACTUAL: With misalign glue REQUIREMENT: No misalign glue</p>		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)
				N/A
I. INVESTIGATION / ANALYSIS				
DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)				
System / Training				
Design / Toolings				
Process / Material				



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INVESTIGATION REPORT FORM (IRF)

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

System / Training

Design / Toolings

Process / Material

FINAL CONCLUSION

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

WHO / WHEN

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	
RM					Total Good	
WIP					Rework PPM (Good)	
FG						
B. Orientation						
Date					Time	
Title						
Attendees						
Prepared By:					Approved By:	
N/A					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: -