

**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)

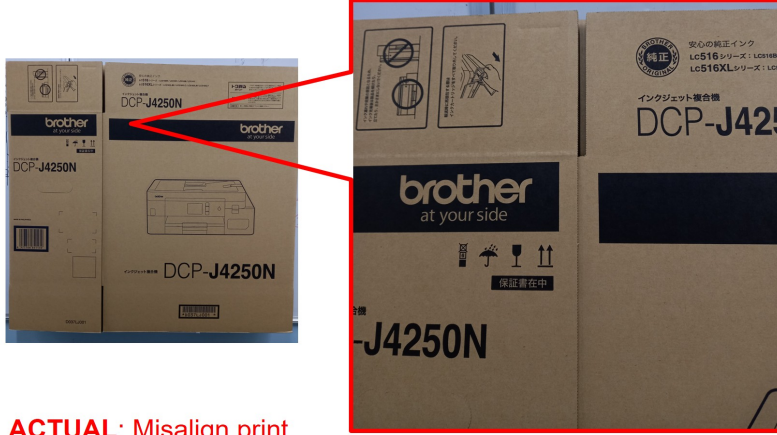
Control No.:

Date Issued

0100

250717

| | | | |
|------------------|--------------------------------------|-------------------|---------------|
| Customer | BROTHER INDUSTRIES PHILIPPINES, INC. | Attention To | REXEL ALMARIO |
| Item Code | D037LJ001 | Department | PRODUCTION |
| Item Description | CARTON DCP-J4250N JPN | Date of Detection | 250710 |
| Job Order Number | JO-25-IPD-00814-3 | Section Detected | QA SCREENING |

ILLUSTRATION OF THE PROBLEM**ACTUAL:** Misalign print**REQUIREMENT:** No misalign print

| | | |
|--------------------|------------------|----------|
| Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
| 2200 | 27 | 1.23 |

| | |
|-------------------|----------------|
| Nature of Defect: | MISALIGN PRINT |
|-------------------|----------------|

| | |
|--------------|--------------------------|
| Requirement: | +/- 5 printing tolerance |
|--------------|--------------------------|

| | |
|--------|--|
| Actual | Misalign print is above printing tolerance |
|--------|--|

| NO. OF OCCURENCE | DISPOSITION | AREA OF OCCURENCE / ORIGIN | CONTENT |
|--|--|--|--|
| <input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>250710</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 checked="" type="checkbox"/> Dimension <input type="checkbox"/> Appearance <input type="checkbox"/> Process / Method |
| Issued by | Checked by | Approved by | Received by (Receiving Section) |
| LESTER JOHN DIOSO 250717 | CHARLENE JAN MARIE FLORES 250723 | MICHAEL CASILLANO 250723 | GERALD DE GUZMAN 250731 |

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

WHY 1 : Sheets did not feed consistently into the machine that cause misalign print.

WHY 2 : Encountered random uneven sheets during EQOS printing.

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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: Additional suteban on lateral for visual reference of misalign print.

Production // 2025-09-04

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 | 2025-09-04 | Time | 17:27 |
| Title | na | | |
| Attendees | NA | | |

Prepared By:

Approved By:

GERALD DE GUZMAN | 250904

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: - |