

**KANE PACKAGE PHILIPPINE INC.**

No. 5 Ring Road LISI 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 |
| 0113 | 251007 |

| | | | |
|------------------|--------------------------|-------------------|---------------|
| Customer | SUPERFLEX LOGISTICS, INC | Attention To | REXEL ALMARIO |
| Item Code | PKC404B-B | Department | PRODUCTION |
| Item Description | MOTOR INNER BOX | Date of Detection | 251003 |
| Job Order Number | JO25-M-03123-5 | Section Detected | QA SCREENING |

ILLUSTRATION OF THE PROBLEM

| | | | |
|--|--------------------|------------------|----------|
| | Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
| | 1800 | 40 | 2.22 |
| | Nature of Defect: | | |
| | BURSTING | | |
| | Requirement: | | |

| | | | |
|--|--|---|--|
| NO. OF OCCURENCE | DISPOSITION | AREA OF OCCURENCE / ORIGIN | CONTENT |
| <input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> <u>Date.: 251003</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"/> Gluing <input type="checkbox"/> EQOS <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Diecut <input type="checkbox"/> Others <input type="checkbox"/> Detaching | <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) |
| MA. ERIKA MAE ASIS 251007 | CHARLENE JAN MARIE FLORES 251007 | MICHAEL CASILLANO 251013 | GERALD DE GUZMAN 251013 |

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

WHY 1 : Uneven ejector pressure during the die cutting process

WHY 2 : Different hardness levels of ejector sponges were used in the same dieblade setup.

WHY 3 : The standard usage of the ejector sponge has not yet been implemented for this item due to the old die blade. In addition old blade was not updated or relayouted during improvement activity.

Design / Toolings**Process / Material**



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

Design / Toolings

WHY 1: Replacement of ejector sponge from multiple type of r nejector to one type

Tooling // 2025-10-15

WHY 2: Horizontal implementation on proper usage of ejector r nsponge. Ongoing relayouting of dieblade with old and r nmultiple sponge. Started last Oct. 6 2025.

Tooling // 2025-11-30

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

| B. Orientation | | | | | | |
|---------------------------|------------|--|--------------|-----------------|--|--|
| Date | 2025-11-03 | | Time | 14:52 | | |
| Title | na | | | | | |
| Attendees | na | | | | | |
| Prepared By: | | | Approved By: | | | |
| GERALD DE GUZMAN 251103 | | | 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 | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1st | | | | |
| 2nd Verification of Action | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2nd | | | | |
| 3rd Verification of Action | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3rd | | | | |
| Effectiveness of Action | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4th | | | | |
| Remarks: | | | | 5th | | | | |

IV. CLOSURE

| Status | Remarks | | |
|----------------|-----------------------|---|------------------------|
| Still Open | | | |
| Approved by: | | Process Owner Acknowledgment: (Receiving Section) | |
| N/A QA Head | N/A Top Management | N/A Line Leader | N/A Department Head |
| Date: - | Date: - | Date: - | Date: - |