

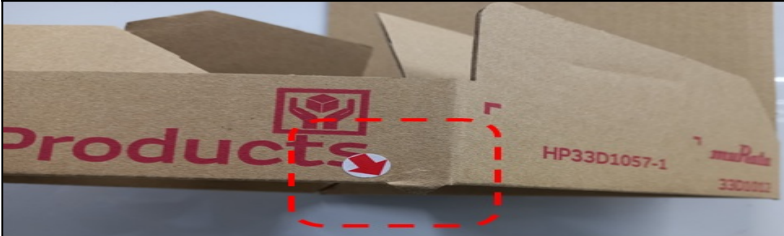


**KANEPACKAGE PHILIPPINE INC.**  
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 5457-7166 to 69  
Fax No. (049) 545-6302

## INVESTIGATION REPORT FORM (IRF)

|                  |                              |                   |                |
|------------------|------------------------------|-------------------|----------------|
| Control No.:     |                              | Date Issued       |                |
| 0114             |                              | 251007            |                |
| Customer         | KOWA-EMORI PHILIPPINES, INC. | Attention To      | REXEL ALMARIO  |
| Item Code        | HP33D1057-1                  | Department        | PRODUCTION     |
| Item Description | CARTON BOX                   | Date of Detection | 251003         |
| Job Order Number | JO25-M-03055-43              | Section Detected  | QA SCREENING 4 |

### ILLUSTRATION OF THE PROBLEM



|                    |                  |          |
|--------------------|------------------|----------|
| Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
| 2000               | 36               | 1.80     |

#### Nature of Defect:

TEAR OFF

#### Requirement:

ACCEPTABLE TEAR OFF UP TO 3MM. NO TORN LINER/CM

#### Actual

WITH TEAR OFF UP TO 10MM

| NO. OF OCCURENCE   | DISPOSITION  | AREA OF OCCURENCE / ORIGIN  |   | CONTENT  |
|--|--|---|---|--|
| <input checked="" type="checkbox"/> First<br><input type="checkbox"/> Recurrence No.: <u>1</u><br>Date.: <u>251003</u> | <input type="checkbox"/> Hold<br><input type="checkbox"/> Special Acceptance<br><input type="checkbox"/> For Rework<br><input checked="" type="checkbox"/> Reject / Disposal | <input type="checkbox"/> Slotter<br><input type="checkbox"/> EQOS<br><input checked="" type="checkbox"/> Diecut<br><input type="checkbox"/> Detaching | <input type="checkbox"/> Gluing<br><input type="checkbox"/> Vertical<br><input type="checkbox"/> Others | <input type="checkbox"/> Material<br><input type="checkbox"/> Dimension<br><input type="checkbox"/> Appearance<br><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

##### Design / Toolings

##### Process / Material

WHY 1 : Tear off occurred during folding of the item.

WHY 2 : The part with tear off has shallow creasing which exerted more pressure during folding.

WHY 3 : The creasing matrix installed was short.

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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 : Replacement of affected creasing matrix.

WHY 2 : Set standard that the dimension of creasing matrix to be r ninstalled will be equal to the dimension of creasing blade.

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

WHY 1: Replacement of affected creasing matrix.

Eterna Operator // 2025-10-10

WHY 2: Set standard that the dimension of creasing matrix to be r ninstalled will be equal to the dimension of creasing blade.

Prod. IE // 2025-11-15

**IMMEDIATE ACTION: (Action to be done to contain/ temporary correct the problem found)****A. Sorting Result**

|     | Location | Total Stock | NG | Total Good |
|-----|----------|-------------|----|------------|
| RM  | na       | 0           | 0  | 0          |
| WIP | na       | 0           | 0  | 0          |
| FG  | na       | 0           | 0  | 0          |

**C. Reworking**

| Rework Quantity   |    |
|-------------------|----|
|                   | NA |
| Total Good        | NA |
| Rework PPM (Good) | NA |

**B. Orientation**

|           |            |      |       |
|-----------|------------|------|-------|
| Date      | 2025-11-03 | Time | 14:56 |
| 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 |             |      | [ ] 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: -         |