

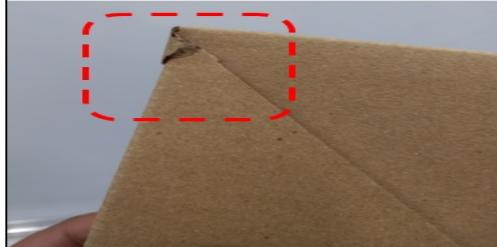
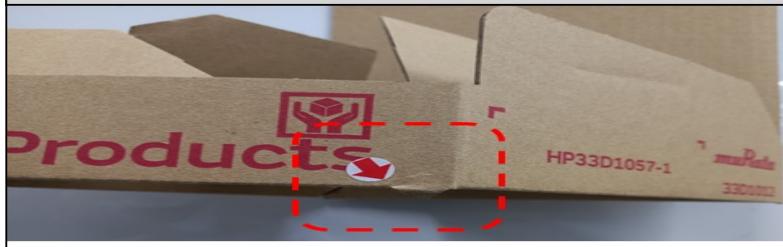
**KANE PACKAGE PHILIPPINE INC.**

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
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 %
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2000	36	1.80
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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	<input type="checkbox"/> Hold	<input type="checkbox"/> Slotter	<input type="checkbox"/> Material
<input type="checkbox"/> Recurrence No.: <u>1</u>	<input type="checkbox"/> Special Acceptance	<input type="checkbox"/> EQOS	<input type="checkbox"/> Dimension
Date.: <u>251003</u>	<input type="checkbox"/> For Rework	<input checked="" type="checkbox"/> Diecut	<input type="checkbox"/> Appearance
	<input checked="" type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Detaching	<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 installed 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 installed 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					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	14:56
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			<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: -