

**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)**

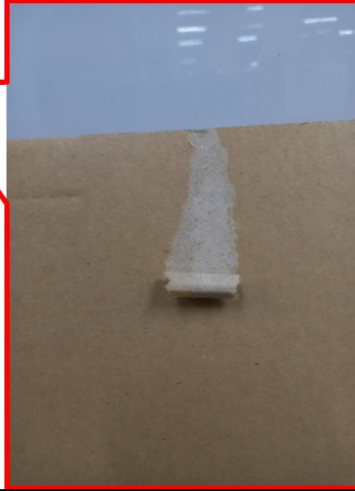
Control No.:

Date Issued

0115

251011

Customer	BROTHER INDUSTRIES PHILIPPINES, INC.	Attention To	REXEL ALMARIO
Item Code	D02RN1001	Department	PRODUCTION
Item Description	CARTON DEV UNIT ELLE (X3)	Date of Detection	251002
Job Order Number	JO25-M-03051-35	Section Detected	QA SCREENING

**ILLUSTRATION OF THE PROBLEM**

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
1000	41	4.10

Nature of Defect:

PEEL OFF

Requirement:

PEEL OFF ON EDGE SHOULD BE LESS THAN 5MMX10MM

Actual

PEEL OFF UP TO 65MM X 30MM

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN		CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>251002</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 checked="" type="checkbox"/> Diecut <input type="checkbox"/> Detaching	<input 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	Received by (Receiving Section)	
MA. ERIKA MAE ASIS   251011	CHARLENE JAN MARIE FLORES   251017	MICHAEL CASILLANO   251017	GERALD DE GUZMAN   251023	

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

WHY 1 : W1 Operator auto strip the item but encounter peel off. r nW2 Presence of uncut liner. r nW3 Insufficient pressure at the affected portion. r nW4 Insufficient backing tape.

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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 : N/A

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

WHY 1: Apply additional backing tape at the affected peel off portion.

PRODUCTION // 2025-10-03

**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	N/A
RM	N/A	0	0	0	Total Good	N/A
WIP	N/A	0	0	0	Rework PPM (Good)	N/A
FG	N/A	0	0	0		

B. Orientation

Date	2026-01-01	Time	14:37
Title	N/A		
Attendees	n/a		

Prepared By:

Approved By:

GERALD DE GUZMAN | 260120

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: -