

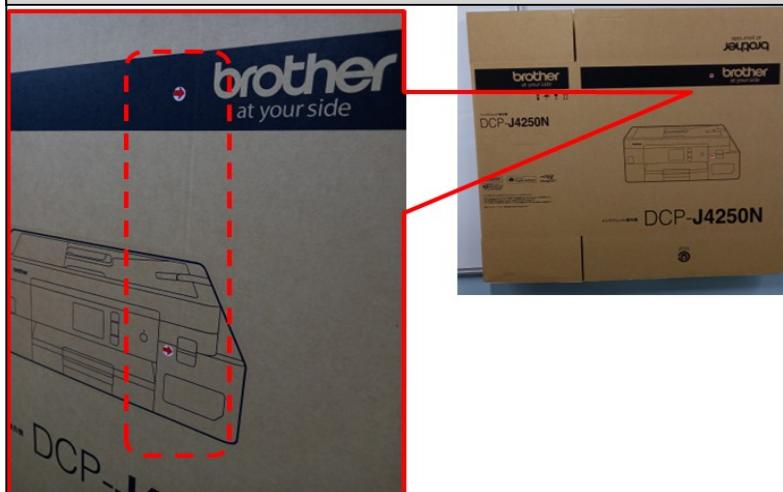
**KANE PACKAGE PHILIPPINE INC.**

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
0120	251025

Customer	BROTHER INDUSTRIES PHILIPPINES, INC.	Attention To	REXEL ALMARIO
Item Code	D037LJ001	Department	PRODUCTION
Item Description	CARTON DCP-J4250N JPN	Date of Detection	251022
Job Order Number	JO25-M-03105-46	Section Detected	QA SCREENING 2

ILLUSTRATION OF THE PROBLEM

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
1000	19	1.90

Nature of Defect:

SCORING

Requirement:

NO SCORING

Actual

WITH SCORING

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>251022</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 251025	CHARLENE JAN MARIE FLORES 251027	MICHAEL CASILLANO 251030	GERALD DE GUZMAN 251103

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

WHY 1 : Scoring occurred during stacking/palletizing of item.

WHY 2 : Glue tab leaves pressure marks on the surface of the item.

WHY 3 : Glue tab pressed against the product.



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

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	2025-11-22			Time	15:19				
Title	na								
Attendees	na								
Prepared By:				Approved By:					
GERALD DE GUZMAN 251122				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: -