

**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

0121

251105

Customer SANYO DENKI PHILS INC.

Attention To REXEL ALMARIO

Item Code 00902010-01

Department PRODUCTION

Item Description PRINT SPECIFICATION

Date of Detection 251024

Job Order Number JO25-M-03229-74

Section Detected QA SCREENING 2

ILLUSTRATION OF THE PROBLEM

Lot Quantity (pcs)

Reject Qty (pcs)

Reject %

1000

38

3.80

Nature of Defect:

MISALIGN PRINT

Requirement:

Solid black print within the folding line (Printing tolerance: +-3mm)

Actual

Misalign up to 5mm

NO. OF OCCURENCE

DISPOSITION

AREA OF OCCURENCE / ORIGIN

CONTENT



First



Recurrence No.: 1

Date.: 251024



Hold



Special Acceptance



For Rework



Reject / Disposal



Slotter



EQOS



Diecut



Detaching



Gluing



Vertical



Others



Material



Dimension



Appearance



Process / Method

Issued by

Checked by

Approved by

Received by (Receiving Section)

LESTER JOHN DIOSO | 251105

CHARLENE JAN MARIE FLORES | 251108

MICHAEL CASILLANO | 251111

GERALD DE GUZMAN | 251111

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

WHY 1 : W1 The volume of items loaded into the feeder is too heavy. r nW2 The operator fed the materials beyond the standard height limit of 300mm for EB flute. r nW3 The operator has difficulty checking the standard height limit marking from time to time during feeding.

Design / Toolings**Process / Material**

**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)**INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)****System / Training**

WHY 1 : N/A

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

WHY 1: PR for Line Laser Marker to help operators easily identify the standard feeding height limit.

Production // 2025-12-12

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 | 2026-01-22 | Time | 20:10 |
| Title | Production Weekly Assembly Meeting | | |
| Attendees | All Production | | |

Prepared By:**Approved By:**

GERALD DE GUZMAN | 260120

N/A

Department Head

**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)**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: - |