

**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)

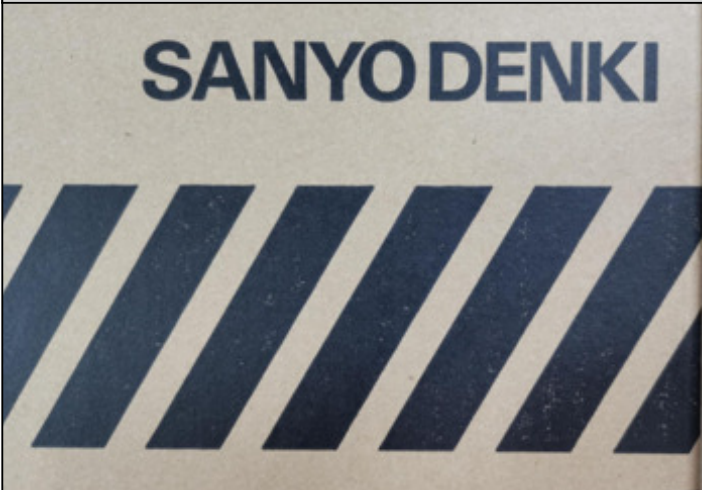
Control No.:

Date Issued

0122

251105

| | | | |
|------------------|------------------------|-------------------|----------------|
| Customer | SANYO DENKI PHILS INC. | Attention To | REXEL ALMARIO |
| Item Code | 00939007-01 | Department | PRODUCTION |
| Item Description | Corrugated Carton | Date of Detection | 251025 |
| Job Order Number | JO25-M-03289-13 | Section Detected | QA SCREENING 5 |

ILLUSTRATION OF THE PROBLEM

| | | |
|----------------------------|------------------|----------|
| Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
| 1470 | 55 | 3.74 |
| Nature of Defect: | | |
| POOR PRINT | | |
| Requirement: | | |
| Poor print up to level 15 | | |
| Actual | | |
| Exceedson poor print level | | |

| NO. OF OCCURENCE | DISPOSITION | AREA OF OCCURENCE / ORIGIN | CONTENT |
|--|--|--|--|
| <input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>251023</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 checked="" type="checkbox"/> EQOS <input 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) |
| 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 occurence, why it happened?) |
| System / Training |
| WHY 1 : W1 Inconsistent application of ink to the board. r nW2 There are no controlled machine speed settings in the EQOS. r nW3 There is no established machine speed standard in the EQOS. |
| Design / Toolings |
| Process / Material |

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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: Conduct a sample trial to determine the appropriate machine speed in order to eliminate poor print. r n
 r nStandardize the appropriate machine speed to Minimum of 120 BPM and Maximum of 200 BPM
 according to the result of the conducted study by incorporating them into the Eqos Work Instruction.

Production IE // 2026-01-16

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 | 2026-01-23 | Time | 01:44 |
| Title | Orientation of Eqos WI rev.17 | | |
| Attendees | All Eqos Operator | | |

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: - |