

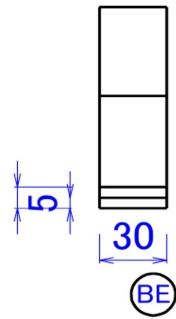
**KANE PACKAGE PHILIPPINE INC.**

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 |
| 0125 | 251112 |

| | | | |
|------------------|------------------------------------------------|-------------------|----------------|
| Customer | EPSON PRECISION PHILIPPINES INCORPORATED - IJP | Attention To | REXEL ALMARIO |
| Item Code | 516645900 | Department | PRODUCTION |
| Item Description | PAD,SCN,BOTTOM,LR,ASP | Date of Detection | 251105 |
| Job Order Number | JO-25-L-0279-19 | Section Detected | QA SCREENING 6 |

ILLUSTRATION OF THE PROBLEM

Requirement: 30mm thickness
 (Tolerance: +/-2mm)
Actual: 35 mm thickness

| | | |
|--------------------|------------------|----------|
| Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
|--------------------|------------------|----------|

| | | |
|-----|----|------|
| 800 | 36 | 4.50 |
|-----|----|------|

Nature of Defect:

OFF SPECS

Requirement:

30mm thickness (Tolerance: +/-2mm)

Actual

35 mm thickness

| 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.: 1 | <input type="checkbox"/> Special Acceptance | <input type="checkbox"/> Gluing | <input type="checkbox"/> Dimension |
| Date.: 251105 | <input type="checkbox"/> For Rework | <input type="checkbox"/> EQOS | <input type="checkbox"/> Appearance |
| | <input checked="" type="checkbox"/> Reject / Disposal | <input type="checkbox"/> Diecut | <input checked="" type="checkbox"/> Process / Method |
| | | <input type="checkbox"/> Detaching | <input type="checkbox"/> PRESSING |
| Issued by | Checked by | Approved by | Received by (Receiving Section) |
| LESTER JOHN DIOSO 251112 | CHARLENE JAN MARIE FLORES 251114 | MICHAEL CASILLANO 251117 | GERALD DE GUZMAN 251117 |

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

System / Training

Design / Toolings

Process / Material



INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)

System / Training

Design / Toolings

Process / Material

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 | |
| RM | | | | | Total Good | |
| WIP | | | | | | |
| FG | | | | | Rework PPM (Good) | |

B. Orientation

| | | | |
|--------------|--|--------------|-----------------|
| Date | | Time | |
| Title | | | |
| Attendees | | | |
| Prepared By: | | Approved By: | |
| N/A | | 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: - |