

**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

0089

250716

Customer	EPSON PRECISION PHILIPPINES INCORPORATED - IJP	Attention To	WEENA APALLA
Item Code	5169506-00 LIONEL 3 ICB FOR AMERICA DE	Department	KP LIMA PRODUCTION
Item Description		Date of Detection	250714
Job Order Number	JO-0011289	Section Detected	SEMI AUTO GLUING M3

ILLUSTRATION OF THE PROBLEM

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
3000	112	3.73

Nature of Defect:

SCRATCHES

Requirement:

THE ITEM SHOULD BE IN GOOD CONDITION NO OCCURRENCE OF SCRATCHES

Actual

THE SCRATCHES OCCUR ON UPPER FLAP CLASS B/C

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>250714</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)
JAM NIKKA MACARAIG 250716	GLENN MAGSINO 250801	RODERICK RAMOS 250801	Glen Magsino 260225

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

WHY 1 : Scratches occur due to pulling of the item from the conveyor

WHY 2 : Pulling the item from the conveyor create scratches due to weight that directly fall from the item

WHY 3 : The item in the conveyor was to far to oprator to easily get prevent from pulling process the create fiction between item on conveyor.

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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****System / Training**

WHY 1: Coordinate with Prod IE from the study/ item about the applicable send out time of item

operator // 2025-08-13

WHY 2: Orientation of the item applicable send out time once available

operator // 2025-08-25

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	0
RM	0	0	0	0	Total Good	0
WIP	0	0	0	0	Rework PPM (Good)	0
FG	0	0	0	0		

B. Orientation

Date	2025-07-15	Time	21:01
Title	adjustment on send out tome from 6 sec for operator easily access to the item		
Attendees	operator on diecut		

Prepared By:

Approved By:

GLEN MAGSINO | 260226

WEENA APALLA | 260226

Department Head

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INVESTIGATION REPORT FORM (IRF)**II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)**

Date Conducted: 2025-10-13	PIC: JAM NIKKA AMACARAIG
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	JAM NIKKA MACARAIG	2025-09-03	[/] Yes [] No	1st	JOL-0014048	250818	0	1700
2nd Verification of Action	JAM NIKKA MACARAIG	2025-09-15	[/] Yes [] No	2nd	JOL-0014624	250828	0	700
3rd Verification of Action	JAM NIKKA MACARAIG	2025-10-13	[/] Yes [] No	3rd	JOL-0015152	250903	0	1500
Effectiveness of Action	JAM NIKKA MACARAIG	2025-10-13	[/] Yes [] No	4th	JOL-0015693	250915	0	1090
Remarks:				5th	JOL-0017568	251013	0	700

IV. CLOSURE

Status	Remarks
Still Open	04-mar-26

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: -