

**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)

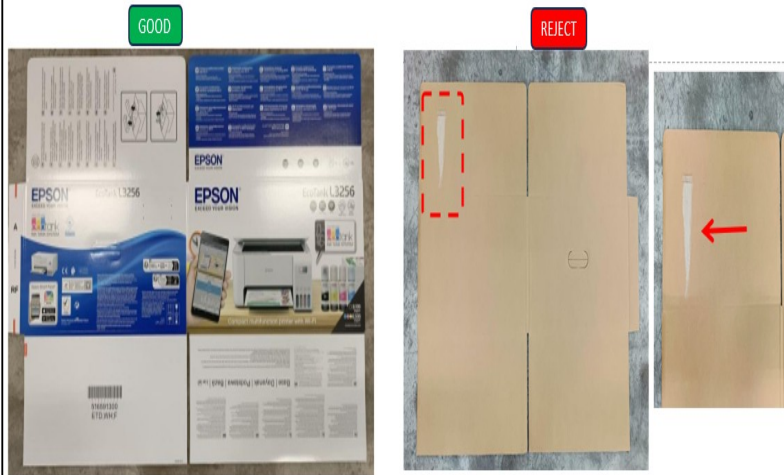
Control No.:

Date Issued

0091

250729

Customer	EPSON PRECISION PHILIPPINES INCORPORATED - IJP	Attention To	WEENA APALLA
Item Code	516591300	Department	KP LIMA PRODUCTION
Item Description	LOUVRE2 MDX ICB FOR ETD.WH;F	Date of Detection	250726
Job Order Number	JO- 0012305	Section Detected	SEMI AUTO M3 SHIFT B

ILLUSTRATION OF THE PROBLEM

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
1200	46	3.83

Nature of Defect:

PEEL OFF

Requirement:

THE ITEM SHOULD BE ON GOOD CONDITION WITH NO OCCURRENCE OFF PEEL OFF

Actual

PEEL OFF OCCUR ON INNER AND UPPER FLAP DUE TO DIE-CUT PROCESS

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN		CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>250726</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 250729	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 : peel off due to the cell belt bottom on feeder area

WHY 2 : when the item passes across the cell belt area it scratches the belt causing to peel off

WHY 3 : When the item passed on the cell belt area was a soft board condition

WHY 4 : The item s soft board condition was due to a misting process applied to it because of its hardness factor which bursting during the die cut process

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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: Re orientation to operator about the 15 mins curing before processing of the item and follow the first misting first process

production IE // 2025-08-05

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	2025-07-30	Time	09:34
Title	informing the operator to check the curing time of the item before processing the item		
Attendees	operator on lamination		

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: 2025-09-19	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	2025-09-02	[/] Yes [] No	1st	JOL-0014611	260901	0	700
2nd Verification of Action	JAM NIKKA MACARAIG	2025-09-03	[/] Yes [] No	2nd	JOL-0014621	270831	0	1200
3rd Verification of Action	JAM NIKKA MACARAIG	2025-09-19	[/] Yes [] No	3rd	JOL-0014953	250902	0	1900
Effectiveness of Action	JAM NIKKA MACARAIG	2025-09-19	[/] Yes [] No	4th	JOL-0015220	250903	0	100
Remarks:				5th	JOL-0016256	250919	0	300

IV. CLOSURE

Status	Remarks
Still Open	26-mar-04

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: -