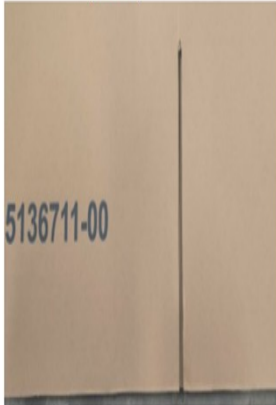


**KANEPACKAGE PHILIPPINE INC.**

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)

Customer EPSON PRECISION PHILIPPINES INCORPORATED - IJP		Control No.:		Date Issued	
		0098		260116	
		Attention To		REXEL ALMARIO	
Item Code 5165913-00		Department		PRODUCTION	
Item Description		Date of Detection		260112	
Job Order Number JOL-0024101		Section Detected		lamination 2	
ILLUSTRATION OF THE PROBLEM					
GOOD  REJECT 		Lot Quantity (pcs)		Reject Qty (pcs)	
		1600		64	
		Reject %		4.00	
		Nature of Defect:			
		GLUE STAIN			
		Requirement:			
		ITEM SHOULD BE IN GOOD CONDITION NO OCCURRENCE OF GLUE STAIN			
		Actual			
		GLUE STAIN ION ACTUAL/APPEARANCE			
NO. OF OCCURENCE		DISPOSITION		AREA OF OCCURENCE / ORIGIN	
☒ First ☐ Recurrence No.: <u>1</u> Date.: <u>260112</u>		☐ Hold ☐ Special Acceptance ☐ For Rework ☒ Reject / Disposal		☐ Slotter ☐ EQOS ☐ Diecut ☐ Detaching ☐ Gluing ☐ Vertical ☒ Others <u>LAMINATION</u>	
Issued by		Checked by		Approved by	
JAM NIKKA MACARAIG 260116		MELFORD ANONUEVO 260116		RODERICK RAMOS 260119	
				Received by (Receiving Section)	
				N/A	
I. INVESTIGATION / ANALYSIS					
DIRECT CAUSE: (Analyze the reason of occurence, why it happened?)					
System / Training					
Design / Toolings					
Process / Material					



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INVESTIGATION REPORT FORM (IRF)

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					Rework PPM (Good)	
FG						
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			[] 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: -