


**KANEPACKAGE PHILIPPINE INC.**

No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
 Telephone No. (049) 545-7166 to 69  
 Fax No. (049) 545-6302

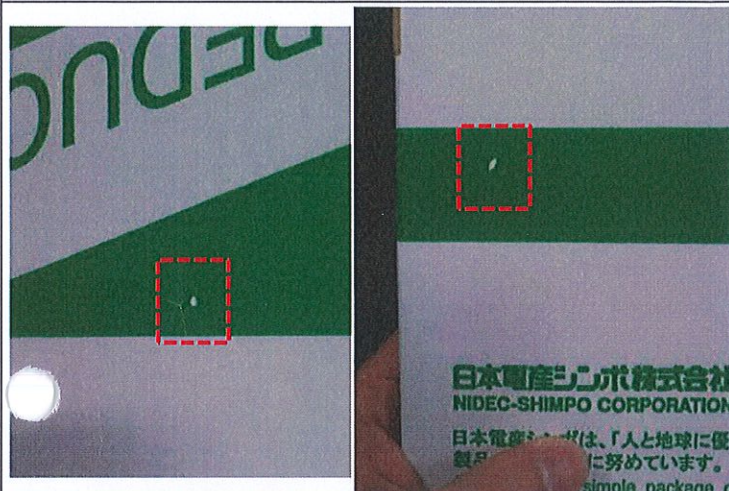
**INVESTIGATION REPORT FORM (IRF)**
☒ Inhouse Detection

☐ Customer Claim

Control No.: 317

Date Issued: 20 10 30

|                  |                  |                   |                      |
|------------------|------------------|-------------------|----------------------|
| Customer         | NIDEC SUBIC      | Attention To      | Mr. Gerald De Guzman |
| Item Code        | VR-D RYZXD000003 | Department        | PRODUCTION           |
| Item Description | BOX              | Date of Detection | 20 10 28             |
| Job Order Number | WO-SO-IPD-1438-7 | Section Detected  | QA - SCREENING       |

**ILLUSTRATION OF THE PROBLEM**

☐ Major ☒ Minor

| Lot Quantity (pcs.) | Reject Quantity (pcs.) | Reject Percentage |
|---------------------|------------------------|-------------------|
| 1899                | 57                     | 3.00%             |

Nature of Defect:

SPOT

Requirement:

Spot should be 1mm with minimum of 3 occurrence only (Based General DLC)

Actual:

Spot is &gt;1mm

| NO. OF OCCURRENCE                                                                                             | DISPOSITION                                                                                                                                                                  | AREA OF OCCURRENCE / ORIGIN                                                                                                                                                                                                                                    | CONTENT                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> First<br><input type="checkbox"/> Recurrence<br>No.: _____<br>Date: _____ | <input type="checkbox"/> Hold<br><input type="checkbox"/> Special Acceptance<br><input type="checkbox"/> For Rework<br><input checked="" type="checkbox"/> Reject / Disposal | <input type="checkbox"/> Slotter <input type="checkbox"/> Gluing<br><input checked="" type="checkbox"/> EQOS <input type="checkbox"/> Vertical<br><input type="checkbox"/> Diecut <input type="checkbox"/> Others: _____<br><input type="checkbox"/> Detaching | <input type="checkbox"/> Material<br><input type="checkbox"/> Dimension<br><input checked="" type="checkbox"/> Appearance<br><input type="checkbox"/> Process / Method |
| Issued by                                                                                                     | Checked by                                                                                                                                                                   | Approved by                                                                                                                                                                                                                                                    | Received by<br>(Receiving Section)                                                                                                                                     |
| <br>Adrian Vergara<br>QA-IE Staff                                                                             | <br>Ms. Naomi Cepeda<br>QA Supervisor                                                                                                                                        | <br>Mr. Rexel Alman<br>QA Asst. Manager                                                                                                                                                                                                                        | Mr. Gerald De Guzman<br>Head/ Supervisor                                                                                                                               |

**I. INVESTIGATION / ANALYSIS**

DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)

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

|                    |                                                |                                                |
|--------------------|------------------------------------------------|------------------------------------------------|
| System / Training  | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: |
| Design / Toolings  | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: |
| Process / Material | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: |

CANCEL

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**INVESTIGATION REPORT FORM (IRF)****FINAL CONCLUSION****OCCURRENCE ROOTCAUSE****OUTFLOW ROOTCAUSE****IMMEDIATE ACTION:** (Action to be done to contain/ temporary correct the problem found)**CORRECTIVE ACTION:** (Actions to be done to ensure that the problem will not happen again)**A. Sorting Result**

Actions to be done to eliminate recurrence

Who / When

|     | Location | Total Stock | NG | Total Good |        |  |
|-----|----------|-------------|----|------------|--------|--|
| RM  |          |             |    |            | System |  |
| WIP |          |             |    |            |        |  |
| FG  |          |             |    |            |        |  |

**B. Orientation**

| Date   |  | Time |  | Design / Tools |  |
|--------|--|------|--|----------------|--|
| Title  |  |      |  |                |  |
| Issues |  |      |  |                |  |

**C. Reworking**

| Rework Quantity          |  | Process |  |
|--------------------------|--|---------|--|
| Total Good               |  |         |  |
| Rework Percentage (Good) |  |         |  |

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

Date Conducted: \_\_\_\_\_ PIC: \_\_\_\_\_

Identified Rootcause

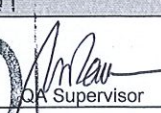
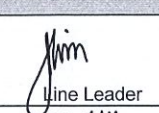
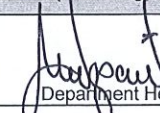
Recommendation

**III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge)**

|                            | Checked by | Date | Implemented?   | Remarks |
|----------------------------|------------|------|----------------|---------|
| 1st Verification of Action |            |      | [ ] Yes [ ] No |         |
| 2nd Verification of Action |            |      | [ ] Yes [ ] No |         |
| 3rd Verification of Action |            |      | [ ] Yes [ ] No |         |
| Effectiveness of Action    |            |      | [ ] Yes [ ] No |         |

Note: If no same defects / problems occurs for 5 consecutive deliveries, corrective action is considered effective / closed. If the same problem occurs within 5 consecutive deliveries or 3rd verification of action still not yet implemented, Investigation Report shall be re-issued to the affected department to provide new improvement action.

**IV. CLOSURE**

|                                                                                                                 |                                     |                                                                                                                          |                                                                                                                      |                                                                                                                          |                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>QUALITY ASSURANCE DEPARTMENT</b>                                                                             |                                     | Approved by:                                                                                                             |                                                                                                                      | Process Owner Acknowledgment: (Receiving Section)                                                                        |                                                                                                                      |
| <input checked="" type="checkbox"/> Status: Closed                                                              | <input type="checkbox"/> Still Open | <input type="checkbox"/> Re-Issue IRF                                                                                    | <br>QA Supervisor<br>Date: 210414 | <br>QA Asst. Manager<br>Date: 210414 | <br>Line Leader<br>Date: 210414 |
| <b>CLOSED</b>                                                                                                   |                                     | <br>Department Head<br>Date: 210414 |                                                                                                                      |                                                                                                                          |                                                                                                                      |
| DATE AND SIGNATURE  21 04 14 |                                     |                                                                                                                          |                                                                                                                      |                                                                                                                          |                                                                                                                      |

## KANEPACKAGE PHILIPPINE, INC.

2015-2340

O - 4 - 7779

An-10-2003/10 next



SO No.: Sales Order #SO-IPD-1438  
 JO No.: WO-SO-IPD-1438-7  
 ISSUED BY: Jhoana de Guzman  
 DATE ISSUED: 15-OCTOBER-2020  
 CUSTOMER: NIDEC SUBIC PHILIPPINES CORPORATION

Light Industry Science Park II,  
 National Highway, Calamba, 4027 Laguna  
 Tel: (049) 545 7166/67  
 Fax: (049) 544-0010

Item Description: VR-D RYZXD000003 BOX  
 Quantity: 2000 Piece  
 Delivery Date: 20-OCTOBER-2020 (Oct. 26) PZ  
 BK Code: VR-D BOX  
 Blades:

| Material Description                        | Qty To Be Used | Cut Size   | No. of Cuts | Actual Qty Used | DR No. | Supplier | Batch No. | Issued By |
|---------------------------------------------|----------------|------------|-------------|-----------------|--------|----------|-----------|-----------|
| 1475 X 2000mm B-Flute (WV135/CM125/TX200) 0 | 505            | 890X929 BF | 1010        | 0pcs            | 201027 | SP       |           | 10/27     |

| PROCESS         | Finished Date | Time | GOOD QTY | Trial Run | REJECT QTY | OPERATOR                                | Remarks |
|-----------------|---------------|------|----------|-----------|------------|-----------------------------------------|---------|
| 1.SLOTTER BIG   | 10/10         |      | 1010     | 1         |            | Ref/Guiller                             |         |
| 2.SLOTTER SMALL | 10/20         |      | 1010     | 1         |            | BETCO GUILLEP                           |         |
| 3.EQOS          | 10/20         |      | 1010     | 2         |            | CTM HD                                  |         |
| 4.DIECUT S1700  | 10/29         |      | 1009     | 7         | 1          | G/D                                     |         |
| 5.DETACH        | 10/27         |      | 2010     |           |            | W/L 2000 LAMIN                          |         |
| 6.CONVEYOR 1    | 10/27         |      | 2001     | 17        |            | VS/BEN/TON ROD                          |         |
| 7.LOT NUMBERING | 10/27         |      | 2000     |           |            | 10/27/RMN                               |         |
| 8.SCREENING     | 10/27         |      | 1097     |           | 301        | JESIE DR NICO / JEFFREY L<br>SIR KRYSEL |         |
| 9.QA BUNDLE     | 10/27         |      | 800      |           | 67         | CEPE / RMN                              |         |

## REJECTION HISTORY

- 1.
- 2.
- 3.
- 4.
- 5.

Done FG 1027  
 201028  
 3:20 PM

## NOTES

1. Approved over lapping of print at class C (Copper flap of the box) 2 mm for this lot only - E. Gonzalez/201027
- 2.
- 3.
- 4.
- 5.

PR-001-F07 REV.00

JO Received By(WHSE):

Signature over [Signature]

Signature over printed name/Date/Time

10/27