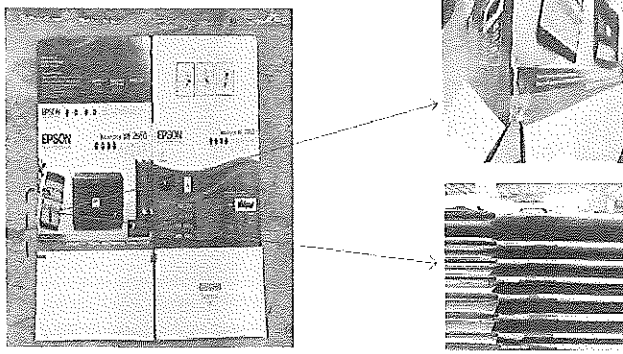

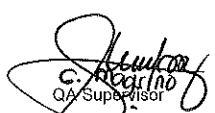


 <b>KANEPACKAGE PHILIPPINE INC.</b> No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna Telephone No. (049) 545-7166 to 69 Fax No. (049) 545-6302		<b>INVESTIGATION REPORT FORM (IRF)</b>	
<input checked="" type="checkbox"/> Inhouse Detection		<input type="checkbox"/> Customer Claim	
Control No.: IRF-04-0013		Date Issued: 18-Apr-22	
Customer	EPSON IJP	Attention To	NOEMI CEPEDA
Item Code	516378500	Department	KPLIMA-PRODUCTION
Item Description	LIME 2 FB AMERICA	Date of Detection	13-Apr-22
Job Order Number	14969	Section Detected	INLINE QA
ILLUSTRATION OF THE PROBLEM		<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor	
		Lot Quantity (pcs.)	Reject Quantity (pcs.)
		685	101
		Reject Percentage	
		14.74%	
Nature of Defect:		BURSTING	
Requirement:		ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF BURSTING	
Actual:		BURSTING OCCURRED IN THE FOLDING SIDE	
NO. OF OCCURRENCE <input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: _____ Date: _____	DISPOSITION <input type="checkbox"/> Hold <input type="checkbox"/> Special Acceptance <input type="checkbox"/> For Rework <input type="checkbox"/> Reject / Disposal	AREA OF OCCURRENCE / ORIGIN <input type="checkbox"/> Slotter <input type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching	CONTENT <input type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input type="checkbox"/> Others: <input checked="" type="checkbox"/> Process / Method
Issued by	Checked by	Approved by	Received by (Receiving Section)
 Cherie Anne Arevalo QA-IE Staff	 QA Supervisor	QA Asst. Manager	 Head/Supervisor
<b>I. INVESTIGATION / ANALYSIS</b>			
DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)		INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)	
System / Training	Why 1: Why 2: Why 3: Why 4: Why 5:	System / Training	Why 1: Why 2: Why 3: Why 4: Why 5:
Design / Toolings	Why 1: Why 2: Why 3: Why 4: Why 5:	Design / Toolings	Why 1: Why 2: Why 3: Why 4: Why 5:
Process / Material	Why 1: Why 2: Why 3: Why 4: Why 5:	Process / Material	Why 1: Why 2: Why 3: Why 4: Why 5:

 <b>KANEPACKAGE PHILIPPINE INC.</b> No. 5 Ring Road LISP II, Brgy. Le Mesa, Calamba City, Laguna Telephone No. (049) 545-7166 to 69 Fax No. (049) 545-6302	<h2 style="margin: 0;">INVESTIGATION REPORT FORM (IRF)</h2>																																
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)																																
<b>A. Sorting Result</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>Location</th> <th>Total Stock</th> <th>NG</th> <th>Total Good</th> </tr> <tr> <td>RM</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>WIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FG</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Location	Total Stock	NG	Total Good	RM					WIP					FG					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Actions to be done to eliminate recurrence</th> <th>Who / When</th> </tr> <tr> <td style="width: 10%; text-align: center;">System</td> <td style="width: 70%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;">Design / Tools</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Process</td> <td></td> <td></td> </tr> </table>	Actions to be done to eliminate recurrence		Who / When	System			Design / Tools			Process		
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Actions to be done to eliminate recurrence		Who / When																															
System																																	
Design / Tools																																	
Process																																	
<b>B. Orientation</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Date</td> <td style="width: 35%;"></td> <td style="width: 15%;">Time</td> <td style="width: 35%;"></td> </tr> <tr> <td>Title</td> <td colspan="3"></td> </tr> <tr> <td>Attendees</td> <td colspan="3"></td> </tr> </table>	Date		Time		Title				Attendees																								
Date		Time																															
Title																																	
Attendees																																	
<b>C. Reworking</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Rework Quantity</td> <td style="width: 80%;"></td> </tr> <tr> <td>Total Good</td> <td></td> </tr> <tr> <td>Rework Percentage (Good)</td> <td></td> </tr> </table>	Rework Quantity		Total Good		Rework Percentage (Good)																												
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II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)																																	
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																														
<i>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.</i>																																	
IV. CLOSURE																																	
Status:	Remarks:	Approved by:		Process Owner Acknowledgment: (Receiving Section)																													
<input type="checkbox"/> Closed																																	
<input type="checkbox"/> Still Open		QA Supervisor	QA Asst. Manager	Line Leader																													
<input type="checkbox"/> Re-Issue IRF		Date:	Date:	Date:																													
		Date:	Date:	Date:																													