

**KANEPACKAGE PHILIPPINE INC.**

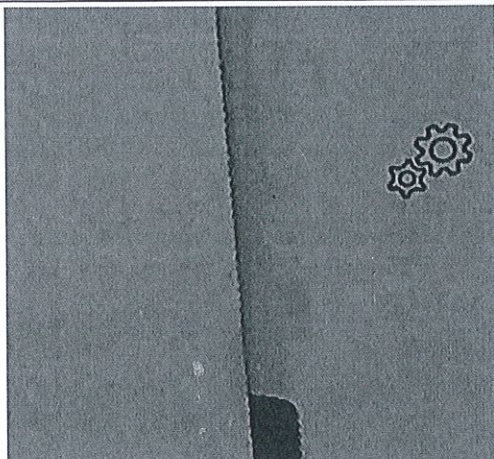
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

INVESTIGATION REPORT FORM (IRF)☒ Inhouse Detection☐ Customer Claim

Control No.: 470

Date Issued: 21 09 23

| | | | |
|------------------|---------------|-------------------|----------------------|
| Customer | CANON | Attention To | Mr. Gerald De Guzman |
| Item Code | RX1-5781-000 | Department | PRODUCTION |
| Item Description | Z10 CARTON | Date of Detection | 21 09 22 |
| Job Order Number | JO-F-21-263-5 | Section Detected | QA - IN LINE |

ILLUSTRATION OF THE PROBLEM☐ Major☒ Minor

| | | |
|---------------------|------------------------|-------------------|
| Lot Quantity (pcs.) | Reject Quantity (pcs.) | Reject Percentage |
| 3500 | 50 | 1.43% |

Nature of Defect:

GLUE STAIN

Requirement:

Maximum of 30mm length and 30mm width.

Actual:

Length is 300mm and has a width of 5mm

| NO. OF OCCURRENCE | DISPOSITION | AREA OF OCCURRENCE / ORIGIN | CONTENT |
|---|--|---|--|
| <input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: _____ Date: _____ | <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 type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input checked="" type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input type="checkbox"/> Others: _____ | <input type="checkbox"/> Material <input type="checkbox"/> Dimension <input checked="" type="checkbox"/> Appearance <input type="checkbox"/> Process / Method |
| Issued by Adrian Vergara QA-IE Staff | Checked by Mr. Roderick Ramos QA Supervisor | Approved by Mr. Rexel Almario QA Asst. Manager | Received by (Receiving Section) Mr. Gerald De Guzman 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: Why 2: Why 3: N/A Why 4: Why 5: | Why 1: Why 2: Why 3: N/A Why 4: Why 5: |
| Design / Toolings | Why 1: Why 2: Why 3: N/A Why 4: Why 5: | Why 1: Why 2: Why 3: N/A Why 4: Why 5: |
| Process / Material | Why 1: Why 2: Why 3: PLS. SEE ATTACHED Why 4: Why 5: | Why 1: Why 2: Why 3: PLS. SEE ATTACHED Why 4: Why 5: |

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INVESTIGATION REPORT FORM (IRF)**FINAL CONCLUSION****OCCURRENCE ROOTCAUSE****OUTFLOW ROOTCAUSE**

- THICK APPLICATION OF GLUE

- VERY MINIMAL OCCURRENCE

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 | N/A | | | |
| WIP | N/A | | | |
| FG | N/A | | | |

System

N/A

B. Orientation

Design / Tools

| | | | |
|-----------|-----|------|-----|
| Date | N/A | Time | N/A |
| Title | N/A | | |
| Attendees | N/A | | |

N/A

C. Reworking

Process

| | |
|--------------------------|-----|
| Rework Quantity | N/A |
| Total Good | N/A |
| Rework Percentage (Good) | N/A |

PLS. SEE ATTACHED

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

Date Conducted: 21 09 24

PIC: A. Vergara

Identified Rootcause

Recommendation

>Over application of glue

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

| | Checked by | Date | Implemented? | Remarks |
|----------------------------|------------|----------|---|---------------------|
| 1st Verification of Action | A. Vergara | 21 09 24 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C.A. is implemented |
| 2nd Verification of Action | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3rd Verification of Action | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Effectiveness of Action | A. Vergara | 21 12 18 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C.A. is effective |

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

| Status: | Remarks: | Approved by: | Process Owner Acknowledgment: (Receiving Section) |
|--|----------|----------------|---|
| <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Still Open <input type="checkbox"/> Re-issue IRF | | | |
| QUALITY ASSURANCE DEPARTMENT | | QA Supervisor | QA Asst. Manager |
| | | Date: 21 12 20 | Date: 21 12 20 |
| | | | IRISH MAY L. ESTARZA Line Leader |
| | | | Department Head |
| | | | Date: 21 12 20 |

DATE AND SIGNATURE

CLOSED
DATE AND SIGNATURE
21 12 18

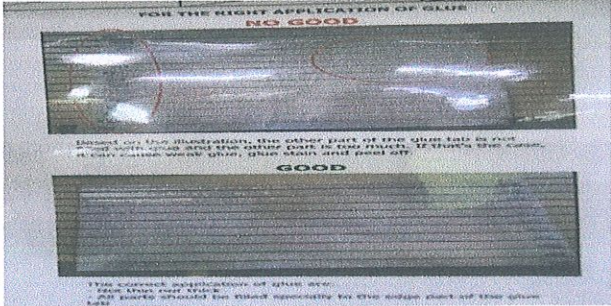
INVESTIGATION REPORT FOR GLUE STAIN FOR CBMP RX1-5781-000 Z10 CARTON

| | |
|--|--|
| DIRECT CAUSE PROCESS/MATERIAL | W1- On the 2nd day of the cross trainee in manual gluing he process this item of CBMP. |
| | W2- Since the work load of Manual Gluing that time is only the CBMP RX1-5781 with 3500pcs lot quantity, the two authorized operator started to trained the cross trainee in CBMP items. |
| | W3- Possible the new cross trained operator in Manual Gluing do a random thick application of glue that caused glue stain, since he is under familiarization on the manual application of glue. |

| OPERATION RATIO A | |
|-----------------------------------|---|
| Operator: | <u>JUNNEL ALGEN LARRY</u> |
| Date: | <u>8/09/21</u> |
| Job Order No. | <u>JO-F-21-2625</u> |
| Customer | <u>CBMP</u> |
| Item Description | <u>RX1-5781-000</u> |
| Quantity | <u>1170</u> |
| Condition Sheet | <u>GOOD</u> |
| Sheet Size | <u>1467/736</u> |
| Material | <u>CBF</u> |
| Sampling Quantity | Start: <u>0820</u> Middle: <u>1210</u> End: _____ |
| Activity | Time |
| Warm-up/ Maintenance/ Preparation | Start: <u>0800</u> Finish: <u>0805</u> |
| 7S 1518 | Start: <u>1545</u> Finish: <u>1600</u> |

| | |
|--|---|
| INDIRECT CAUSE (OUTFLOW) PROCESS/MATERIAL | W1- Operator did not notice the leak glue since it was happened during feeding in conveyor with very minimal occurrence. |
|--|---|

PRODUCTION CORRECTIVE ACTION

| | | | |
|---|-------------------|---------------------|---------------|
| <p>- Orient the cross trainee regarding WI-PR-004-018 Work and Safety Instruction for Manual Gluing of Canon Carton Box regarding the Right Application of Glue.</p> <p>- Include in the short orientation of cross trainee the quality matter based on Work Instruction, since the scoop of orientation as of now is more on safety precautions.</p> | | | |
|  | | | |
| PIC: | PRODUCTION | TARGET DATE: | 200929 |

PREPARED BY:

GERALD DE GUZMAN
PROD ASST. SUPERVISOR




APPROVED BY:

WEENA V. APALLA
SR. SUPERVISOR

MINUTES OF THE MEETING

Date: 2/09/28 Time Start: 1433H Time Finished: 1439H Venue: GLUING AREA

ATTENDEES:

| Name | Dept. | Sign | Name | Dept. | Sign |
|------------------|------------|---|------|-------|------|
| CHARILVEN TAMALA | PRODGLUING |  | | | |
| JEFFREY EDAR | PRODGLUING |  | | | |
| MARJAY ESPANOLA | PROD |  | | | |
| | | | | | |
| | | | | | |

AGENDA: Orientation to unauthorized relievers/crosstraining before assigning in Manual Gluing/Conveyor

MINUTES: page ____ of ____

Safety

- >Relievers are allowed for catching of items only.
- >Only authorized operators are allowed for processing, feeding and catching of items only.
- >Conduct cleaning on the conveyor before start of the shift.

Quality

- >Checking on the item for 100 pcs and below should be at first and middle of the process while 5pcs for every 100 with big quantity
- >During processing item, checking shall be conducted due to some of the following might encounter:

| | |
|---------------------------|------------------|
| 1. Glue Stain/Excess Glue | 5. Scoring |
| 2. Misalign Glue | 6. Dent Marks |
| 3. Weak Glue | 7. Pressure Mark |
| 4. Double Panel | |

Note: Call the attention of Leader if there is occurrence of abnormalities.

- >The correct application of Glue are:

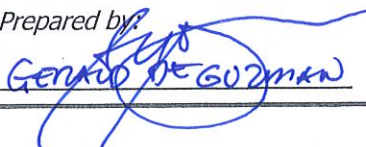
| |
|---|
| 1. Not thin nor thick |
| 2. All parts should be filled specially to the edge of Glue Tab |

>The wrong application of glue is the other part of the glue tab is not filled with glue and other parts is too much. These can cause weak glue, glue stain and peel off.

FOLLOW UP MEETING:

(date & time) _____

for KPPI fill up only

Prepared by:  Reviewed by: _____ Noted by: _____