

**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.: 480

Date Issued: 211027

| | | | |
|------------------|------------------------------|-------------------|----------------------|
| Customer | KOWA-EMORI PHILIPPINES, INC. | Attention To | Mr. Gerald De Guzman |
| Item Code | HP33D1012 | Department | Production |
| Item Description | BOX CASE WITH PRINT | Date of Detection | 211026 |
| Job Order Number | JO21-M-01629-65 | Section Detected | QA-Screening |

ILLUSTRATION OF THE PROBLEM



| | | |
|-------------------------------------------|--------------------------------|-------------------|
| <input checked="" type="checkbox"/> Major | <input type="checkbox"/> Minor | |
| Lot Quantity (pcs.) | Reject Quantity (pcs.) | Reject Percentage |
| 2000 | 175 | 8.75% |

Nature of Defect:

MISALIGN GLUE

Requirement:

Glue tab should be aligned.

Actual:

Slant adhesion of glue tab.

| 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 checked="" type="checkbox"/> Dimension <input checked="" type="checkbox"/> Appearance <input type="checkbox"/> Process / Method |
| Issued by | Checked by | Approved by | Received by (Receiving Section) |
| Rochelle Evangelista QA-IE Staff | Roderick Ramos QA Supervisor | Rexel Almario QA Asst. Manager | 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**

- DIFFICULTY TO PROCESS THIS ITEM
IN CONVEYOR 1

OUTFLOW ROOTCAUSE

- RANDOMLY 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

| | Location | Total Stock | NG | Total Good |
|-----|----------|-------------|----|------------|
| RM | N/A | | | |
| WIP | N/A | | | |
| FG | N/A | | | |

Actions to be done to eliminate recurrence**Who / When**

System

N/A

B. Orientation

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

Design /
Tools

N/A

C. Reworking

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

Process

PLS. SEE ATTACHED

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

Date Conducted: 21 10 28

PIC: A. Vergara

Identified Rootcause



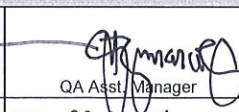
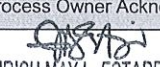

The operator failed to align the glue tab because
it's small and there is no platform to fix the
glue tab alignment prior feeding to conveyor.

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

| | Checked by | Date | Implemented? | Remarks |
|----------------------------|------------|----------|---------------------------------------------------------------------|---------------------|
| 1st Verification of Action | A. Vergara | 21 11 12 | <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 | 22 01 04 | <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: <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Still Open <input type="checkbox"/> Re-Issue IRF | Remarks: QUALITY ASSURANCE DEPARTMENT CLOSED DATE AND SIGNATURE  22 01 04 | Approved by:  QA Supervisor Date: 22 01 04 |  QA Asst. Manager Date: 22 01 04 | Process Owner Acknowledgment: (Receiving Section)  IRISH MAY L. ESTAREJA Line Leader Date: 22 01 04 |  Department Head Date: 22 01 04 |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

INVESTIGATION REPORT FOR MISALIGN GLUE OF KOWA-EMORI HP33D1012 CARTON BOX

| | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DIRECT CAUSE PROCESS/MATERIAL | W1- In Conveyor 1 there is difficulty on the glue alignment of small die-cutted box specially Off Set design. |
| | W2- Because the item align on the top of running conveyor operator always need a perfect timing, but there circumstance that the item is not fully align but the conveyor already pressed the item. |



CONVEYOR 1



SD1800

PROCESS OF DIE-CUTTED ITEMS IS MUCH BETTER IN SD1800 SINCE THERE IS ALIGNMENT TABLE BEFORE FEEDING OF ITEMS.

| | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| INDIRECT CAUSE (OUTFLOW) PROCESS/MATERIAL | W1- The catcher who palletized the item did not notice the misalign glue during sampling since the occurrence is randomly. |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|

PRODUCTION CORRECTIVE ACTION

Transfer the gluing process in SD1800 since the 4M of Emori items is already approved.

| | | | |
|-------------|-------------------|---------------------|---------------|
| PIC: | PRODUCTION | TARGET DATE: | 211104 |
|-------------|-------------------|---------------------|---------------|

PREPARED BY:

[Signature] 211029
GERALD DE GUZMAN
PROD ASST. SUPERVISOR

APPROVED BY:

[Signature]
WEENA V. APALLA
SR. SUPERVISOR