



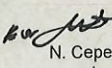


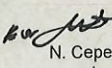


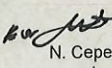


|  KANEPACKAGE PHILIPPINE INC. No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna Telephone No. (049) 545-7166 to 69 Fax No. (049) 545-6302 | | INVESTIGATION REPORT FORM (IRF) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Inhouse Detection Control No.: IRF-10-0013 </div> <div> <input type="checkbox"/> Customer Claim Date Issued: 20-Oct-22 </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|---------|----------------------------------|--------------------------------------------|-----------------------------------|-------------------------------|-----------------------------------|------------------------------------|---------------------------------|----------------------------------|-------------------------------------|------------------------------------|--|------------------------------------------------------|
| Customer | EPPI | Attention To | NOEMI CEPEDA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item Code | 515715400 | Department | KPLIMA-PRODUCTION | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item Description | LIONEL FPY ICB FOR AMERICA | Date of Detection | 20-Oct-22 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Order Number | 23525 | Section Detected | INLINE | | | | | | | | | | | | | | | | | | | | | | | | | |
| ILLUSTRATION OF THE PROBLEM | | <input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Lot Quantity (pcs.) | Reject Quantity (pcs.) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 180 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Reject Percentage | 17.22% | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Nature of Defect: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SCRATCHES | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF SCRATCHES | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Actual: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SCRATCHES OCCURRED ON THE UPPER FLAP CLASS B (BLUE BACKGROUND) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">NO. OF OCCURRENCE</th> <th style="width: 30%;">DISPOSITION</th> </tr> <tr> <td><input checked="" type="checkbox"/> First</td> <td><input type="checkbox"/> Hold</td> </tr> <tr> <td><input type="checkbox"/> Recurrence</td> <td><input type="checkbox"/> Special Acceptance</td> </tr> <tr> <td>No.: _____</td> <td><input type="checkbox"/> For Rework</td> </tr> <tr> <td>Date: _____</td> <td><input type="checkbox"/> Reject / Disposal</td> </tr> </table> | | NO. OF OCCURRENCE | DISPOSITION | <input checked="" type="checkbox"/> First | <input type="checkbox"/> Hold | <input type="checkbox"/> Recurrence | <input type="checkbox"/> Special Acceptance | No.: _____ | <input type="checkbox"/> For Rework | Date: _____ | <input type="checkbox"/> Reject / Disposal | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="width: 60%;">AREA OF OCCURRENCE / ORIGIN</th> <th style="width: 40%;">CONTENT</th> </tr> <tr> <td><input type="checkbox"/> Slotter</td> <td><input checked="" type="checkbox"/> Gluing</td> <td><input type="checkbox"/> Material</td> </tr> <tr> <td><input type="checkbox"/> EQOS</td> <td><input type="checkbox"/> Vertical</td> <td><input type="checkbox"/> Dimension</td> </tr> <tr> <td><input type="checkbox"/> Diecut</td> <td><input type="checkbox"/> Others:</td> <td><input type="checkbox"/> Appearance</td> </tr> <tr> <td><input type="checkbox"/> Detaching</td> <td></td> <td><input checked="" type="checkbox"/> Process / Method</td> </tr> </table> | | AREA OF OCCURRENCE / ORIGIN | | CONTENT | <input type="checkbox"/> Slotter | <input checked="" type="checkbox"/> Gluing | <input type="checkbox"/> Material | <input type="checkbox"/> EQOS | <input type="checkbox"/> Vertical | <input type="checkbox"/> Dimension | <input type="checkbox"/> Diecut | <input type="checkbox"/> Others: | <input type="checkbox"/> Appearance | <input type="checkbox"/> Detaching | | <input checked="" type="checkbox"/> Process / Method |
| NO. OF OCCURRENCE | DISPOSITION | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> First | <input type="checkbox"/> Hold | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Recurrence | <input type="checkbox"/> Special Acceptance | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No.: _____ | <input type="checkbox"/> For Rework | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: _____ | <input type="checkbox"/> Reject / Disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AREA OF OCCURRENCE / ORIGIN | | CONTENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Slotter | <input checked="" type="checkbox"/> Gluing | <input type="checkbox"/> Material | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> EQOS | <input type="checkbox"/> Vertical | <input type="checkbox"/> Dimension | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Diecut | <input type="checkbox"/> Others: | <input type="checkbox"/> Appearance | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Detaching | | <input checked="" type="checkbox"/> Process / Method | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Issued by</th> <th style="width: 25%;">Checked by</th> <th style="width: 25%;">Approved by</th> <th style="width: 25%;">Received by (Receiving Section)</th> </tr> <tr> <td style="text-align: center;">  C. A. Evalo QA-IE Staff </td> <td style="text-align: center;">  G. Magano QA Supervisor </td> <td style="text-align: center;"> QA Asst. Manager </td> <td style="text-align: center;">  N. Cepeda Head/ Supervisor </td> </tr> </table> | | Issued by | Checked by | Approved by | Received by (Receiving Section) |  C. A. Evalo QA-IE Staff |  G. Magano QA Supervisor | QA Asst. Manager |  N. Cepeda Head/ Supervisor | | | | | | | | | | | | | | | | | | | |
| Issued by | Checked by | Approved by | Received by (Receiving Section) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  C. A. Evalo QA-IE Staff |  G. Magano QA Supervisor | QA Asst. Manager |  N. Cepeda 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: 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: | | | | | | | | | | | | | | | | | | | | | | | | | |

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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 | | | | |
| WIP | | | | |
| FG | | | | |

System

B. Orientation

| | | | |
|-----------|--|------|--|
| Date | | Time | |
| Title | | | |
| Attendees | | | |

Design /
Tools**C. Reworking**

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

Process

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

| 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 | Department Head |
| <input type="checkbox"/> Re-Issue IRF | | Date: | Date: | Date: | Date: |