

**KANEPACKAGE PHILIPPINE INC.**

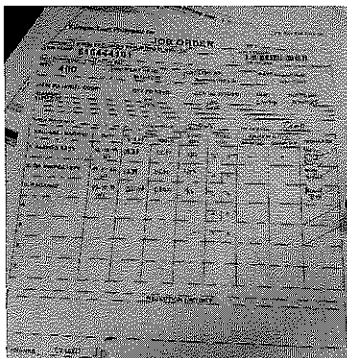
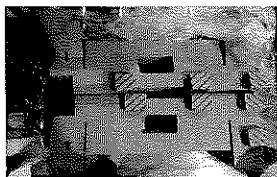
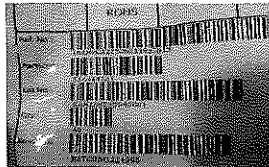
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

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

Control No.: IRF-12-0002

Date Issued: 13-Dec-22

|                  |             |                   |                             |
|------------------|-------------|-------------------|-----------------------------|
| Customer         | EPPI        | Attention To      | GLENN MAGSINO/ NOEMI CEPEDA |
| Item Code        | 516444101   | Department        | KPLIMA-QA AND PRODUCTION    |
| Item Description | LUCIDA ASSY | Date of Detection | 13-Dec-22                   |
| Job Order Number | 26823       | Section Detected  | EPPI                        |

**ILLUSTRATION OF THE PROBLEM**☐ Major☒ Minor

| Lot Quantity (pcs.) | Reject Quantity (pcs.) | Reject Percentage |
|---------------------|------------------------|-------------------|
| 40                  | 20                     | 50.00%            |

**Nature of Defect:**

MIXING OF ITEMS  
(516444101 AND 516444001)

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF MIXING OF ITEMS

**Actual:**

MIXING OF ITEMS OCCURRED; 20 PCS OF ITEM 516444001 WERE FOUND ON THE LOT OF ITEM 516444101

| NO. OF OCCURRENCE                         | DISPOSITION                                 | AREA OF OCCURRENCE / ORIGIN        | CONTENT  |
|---|---|------------------------------------|--|
| <input checked="" type="checkbox"/> First | <input type="checkbox"/> Hold               | <input type="checkbox"/> Slotter   | <input type="checkbox"/> Material                    |
| <input type="checkbox"/> Recurrence       | <input type="checkbox"/> Special Acceptance | <input type="checkbox"/> EQOS      | <input type="checkbox"/> Dimension                   |
| No.:                                      | <input type="checkbox"/> For Rework         | <input type="checkbox"/> Diecut    | <input type="checkbox"/> Appearance                  |
| Date:                                     | <input type="checkbox"/> Reject / Disposal  | <input type="checkbox"/> Detaching | <input checked="" type="checkbox"/> Process / Method |
| Issued by                                 | Checked by                                  | Approved by                        | Received by<br>(Receiving Section)                   |
| <br>C. Azevala<br>QA Staff                | G. Magsino<br>QA Supervisor                 | QA Asst. Manager                   | <br>G. Magsino / N. Cepeda<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: | Why 1:   |  |
|  | Why 2: | Why 2:   |  |
|  | Why 3: | Why 3:   |  |
|  | Why 4: | Why 4:   |  |
|  | Why 5: | Why 5:   |  |
| Design / Toolings  | Why 1: | Why 1:   |  |
|  | Why 2: | Why 2:   |  |
|  | Why 3: | Why 3:   |  |
|  | Why 4: | Why 4:   |  |
|  | Why 5: | Why 5:   |  |
| Process / Material   | Why 1: | Why 1:   |  |
|  | Why 2: | Why 2:   |  |
|  | Why 3: | Why 3:   |  |
|  | Why 4: | Why 4:   |  |
|  | Why 5: | 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       | System   |                 |            |
| RM  |            |               |                |                  |  |                 |            |
| WIP   |            |               |                |                  |  |                 |            |
| FG  |            |               |                |                  |  |                 |            |
| B. Orientation  |            |               |                |                  | Design / Tools   |                 |            |
| Date  |            | Time          |                |                  |  |                 |            |
| Title   |            |               |                |                  |  |                 |            |
| Attendees   |            |               |                |                  |  |                 |            |
| C. Reworking  |            |               |                |                  | Process  |                 |            |
| Rework Quantity   |            |               |                |                  |  |                 |            |
| 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 |                  |  |                 |            |
| <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   |            | QA Supervisor |                | QA Asst. Manager | Line Leader  | Department Head |            |
| <input type="checkbox"/> Still Open   |            | Date:         | Date:          | Date:            | Date:  |                 |            |
| <input type="checkbox"/> Re-Issue IRF   |            |               |                |                  |  |                 |            |