

**KANEPACKAGE PHILIPPINE INC.**

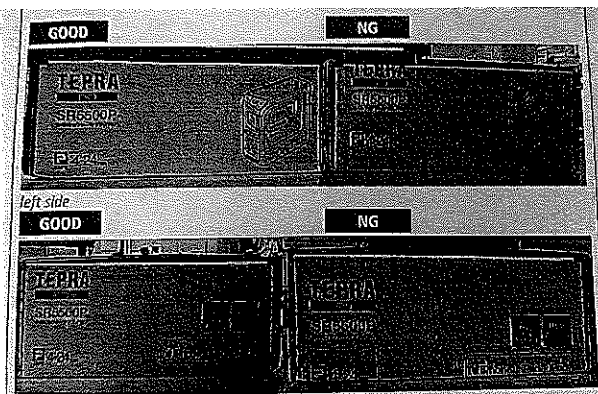
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

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

Control No.: IRF-12-0008

Date Issued: 19-Dec-22

|                  |                   |                   |                    |
|------------------|-------------------|-------------------|--------------------|
| Customer         | EPPI              | Attention To      | NOEMI CEPEDA       |
| Item Code        | 514218600         | Department        | KPLIMA- PRODUCTION |
| Item Description | SOFFLE CARTON BOX | Date of Detection | 17-Dec-22          |
| Job Order Number | 27208             | Section Detected  | EPPI               |

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

|                     |                        |                   |
|---------------------|------------------------|-------------------|
| Lot Quantity (pcs.) | Reject Quantity (pcs.) | Reject Percentage |
| 21                  | 1                      | 4.76%             |

**Nature of Defect:**

MISALIGNED CUT

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF MISALIGNED CUT

**Actual:**

MISALIGNED CUT OCCURRED ON THE ITEM (SEE ACTUAL PICTURE)

| 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 checked="" type="checkbox"/> Diecut | <input type="checkbox"/> Appearance                  |
| Date:                                     | <input checked="" type="checkbox"/> Reject / Disposal | <input type="checkbox"/> Delatching        | <input checked="" type="checkbox"/> Process / Method |
| Issued by                                 | Checked by  | Approved by                                | Received by<br>(Receiving Section)                   |
| <br>C. Arevalo<br>QA-IE Staff             | <br>G. Magano<br>QA Supervisor                        | QA Asst. Manager                           | <br>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: |

**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)****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   |            | Date:         |                | Date:            | Date:  | Date: |                 |