

**KANEPACKAGE PHILIPPINE INC.**

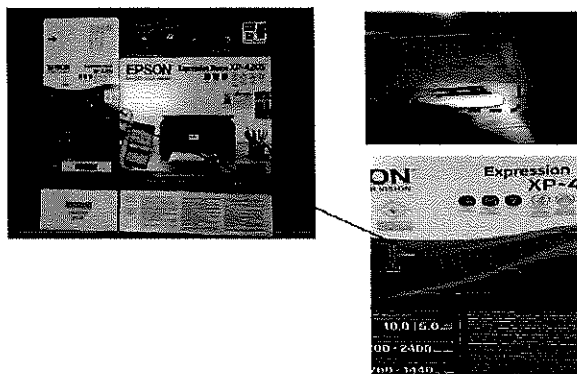
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

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

Control No.: IRF-12-0009

Date Issued: 21-Dec-22

| | | | |
|------------------|--------------------|-------------------|--------------------|
| Customer | EPPI | Attention To | NOEMI CEPEDA |
| Item Code | 516513000 | Department | KPLIMA- PRODUCTION |
| Item Description | LIGHT 2 MB AMERICA | Date of Detection | 20-Dec-22 |
| Job Order Number | 27715 | Section Detected | EPPI |

ILLUSTRATION OF THE PROBLEM☐ Major ☒ Minor

| | | |
|---------------------|------------------------|-------------------|
| Lot Quantity (pcs.) | Reject Quantity (pcs.) | Reject Percentage |
| 242 | 90 | 37.19% |

Nature of Defect:

MISALIGNED CREASING MATRIX

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF MISALIGNED CREASING MATRIX

Actual:

MISALIGNED CREASING OCCURRED ON THE HANDHOLE PORTION OF THE BOX (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 type="checkbox"/> Diecut | <input type="checkbox"/> Appearance |
| Date: | <input checked="" type="checkbox"/> Reject / Disposal | <input type="checkbox"/> Detaching | <input checked="" type="checkbox"/> Process / Method |
| Issued by | Checked by | Approved by | Received by (Receiving Section) |
| C. Arevalo QA-IE Staff | G. Magana 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 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 |
|-----|----------|-------------|----|------------|
| 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 | | QA Supervisor | QA Asst. Manager | Line Leader | Department Head |
| <input type="checkbox"/> Still Open | | Date: | Date: | Date: | Date: |
| <input type="checkbox"/> Re-Issue IRF | | | | | |