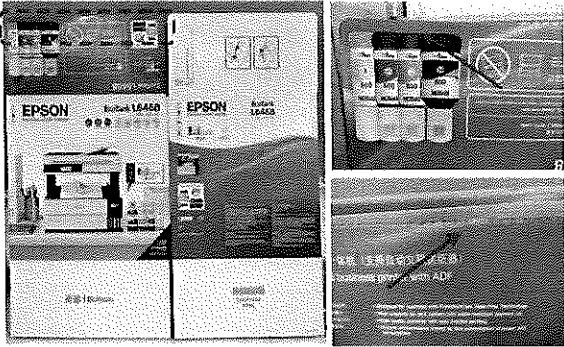
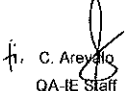
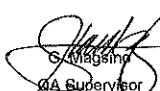
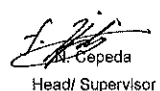

 KANEPACKAGE PHILIPPINE INC. No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna Telephone No. (049) 545-2166 to 69 Fax No. (049) 545-6302		INVESTIGATION REPORT FORM (IRF) <input checked="" type="checkbox"/> Inhouse Detection <input type="checkbox"/> Customer Claim Control No.: IRF-23-06-0047 Date Issued: 10-Jun-23							
Customer	EPPI	Attention To	NOEMI CEPEDA						
Item Code	516001400	Department	KPLIMA- PRODUCTION						
Item Description	Lionel PG FGL	Date of Detection	07-Jun-22						
Job Order Number	37792	Section Detected	INLINE QA						
ILLUSTRATION OF THE PROBLEM 		<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor <table border="1"> <tr> <td>Lot Quantity (pcs.)</td> <td>Reject Quantity (pcs.)</td> <td>Reject Percentage</td> </tr> <tr> <td>904</td> <td>112</td> <td>12.39%</td> </tr> </table> Nature of Defect: SCRATCHES ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF SCRATCHES Actual: SCRATCHES ENCOUNTERED ON UPPER FLAP CLASS B (PLEASE SEE ATTACHED PICTURE)		Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage	904	112	12.39%
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage							
904	112	12.39%							
NO. OF OCCURRENCE <input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: Date:		DISPOSITION <input type="checkbox"/> Hold <input type="checkbox"/> Special Acceptance <input type="checkbox"/> For Rework <input checked="" type="checkbox"/> Reject / Disposal							
AREA OF OCCURRENCE / ORIGIN <input type="checkbox"/> Slotter <input checked="" type="checkbox"/> Gluing <input type="checkbox"/> EQOS <input type="checkbox"/> Vertical <input type="checkbox"/> Diecut <input type="checkbox"/> Others: <input type="checkbox"/> Detaching		CONTENT <input type="checkbox"/> Material <input type="checkbox"/> Dimension <input type="checkbox"/> Appearance <input checked="" type="checkbox"/> Process / Method							
Issued by  C. Arevalo QA-IE Staff		Checked by  C. Arevalo QA Supervisor							
Approved by QA Asst. Manager		Received by (Receiving Section)  M. 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:							

 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						
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	Initial requirement of EPPI= 168 pcs. No available RM Stocks of SF Next Plan: Possible December 2023		QA Supervisor		QA Asst. Manager		Line Leader		Department Head
<input type="checkbox"/> Still Open			Date:		Date:		Date:		Date:
<input type="checkbox"/> Re-issue IRF									