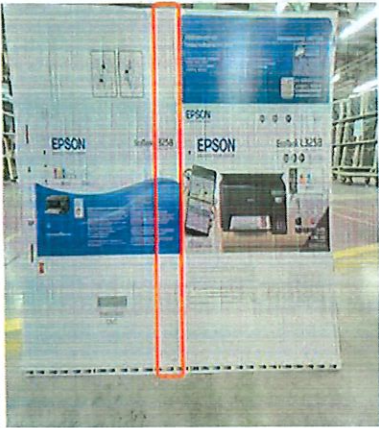
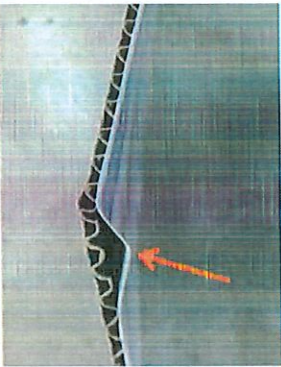

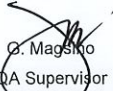

 KANEPACKAGE PHILIPPINE INC. No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna Telephone No. (049) 545-7166 to 69 Fax No. (049) 545-6302		INVESTIGATION REPORT FORM (IRF) <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Inhouse Detection <input type="checkbox"/> Customer Claim </div> <div style="display: flex; justify-content: space-between;"> Control No.: IRF-23-12-0117 Date Issued: 15-Dec-23 </div>																										
Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO																									
Item Code	5163339-00	Department	KPLIMA- PRODUCTION																									
Item Description	LOUVRE 2 MDX CHINA	Date of Detection	231214 DS																									
Job Order Number	052079	Section Detected	INPROCESS QA																									
ILLUSTRATION OF THE PROBLEM		<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor																										
 		Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage																								
		2,000	325	16.25%																								
		Nature of Defect:																										
		DELAMINATION																										
		ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DELAMINATION																										
		Actual:																										
		DELAMINATION WAS ENCOUNTERED ON THE ITEM (PLEASE SEE ATTACHED PICTURE)																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">NO. OF OCCURRENCE</th> <th style="width: 50%;">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 checked="" 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 checked="" type="checkbox"/> Reject / Disposal	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Slotter</th> <th>CONTENT</th> </tr> <tr> <td><input type="checkbox"/> Slotter</td> <td><input 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 checked="" type="checkbox"/> Other LAMINATION</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>		Slotter		CONTENT	<input type="checkbox"/> Slotter	<input type="checkbox"/> Gluing	<input type="checkbox"/> Material	<input type="checkbox"/> EQOS	<input type="checkbox"/> Vertical	<input type="checkbox"/> Dimension	<input type="checkbox"/> Diecut	<input checked="" type="checkbox"/> Other LAMINATION	<input type="checkbox"/> Appearance	<input type="checkbox"/> Detaching		<input checked="" type="checkbox"/> Process / Method
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Issued by	Checked by	Approved by	Received by (Receiving Section)																									
 J. Tapay QA-IE Staff	 O. Magsino QA Supervisor	 QA Asst. Manager	 N. Cepeda/ R. Almario Head/ Supervisor/ Manager																									
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:																									
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**KANEPACKAGE PHILIPPINE INC.**

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Telephone No. (049) 545-7166 to 69

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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					System		
WIP							
FG							

B. Orientation

Date		Time		Design / Tools		
Title						
Attendees						

C. Reworking

Rework Quantity		Process		
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					
<input type="checkbox"/> Still Open		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
<input type="checkbox"/> Re-Issue IRF		Date:	Date:	Date:	Date: