| | KANEI | PACKAG | E PHILIPPINE INC. | INVESTIGATION REPORT FORM (IRF) | | | | |
|----------------------------|-------------------|--|--|--|--------------------|--|--|--|
| | | ad LISP II, Brgy. L . (049) 545-7166 to | a Mesa, Calamba City, Laguna o 69 | Inhouse Detection Customer Claim Control No.: IRF-24-09-0063 Date Issued: 12-Sep-24 | | | | |
| | Fax No. (049) | | | | | | | |
| Custon | ner | EPPI-IJP | | Attention To | | N. Cepeda/W. Apalla | | |
| | | 5150604-00 | | Department | KPLima Production | | | |
| | | OUTER CART | ON BOX | Date of Detection | 11-Sep-24 | | | |
| Job Order Number JO-65963 | | | ON BOX | Section Detected | | SEMI AUTO 3/NS | | |
| 000 011 | | | THE PROBLEM | Major Minor | | | | |
| | 122 | | THE PROBLEM | Lot Quantity (pcs |) Reject (| Reject Quantity (pcs.) Reject Percentage | | |
| 100 | | - XXXX | | 1,530 | , rtojoot d | 55 | 3.59% | |
| | | | | Nature of Defect: | | | | |
| To the second | 3111 | | - | PEEL OFF | | | | |
| | A SEASON | on) | | ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF PEEL OFF | | | | |
| | | 6 | | Actual: | | | | |
| | | | The Residence of the State of t | PEEL OFF ON UPPER FLAP CLASS B PANEL A (PLEASE SEE ATTACHED PICTURE) | | | | |
| | NO. OF OCCURRE | ENCE | DISPOSITION | AREA OF OCCURRENCE / ORIGIN CONTENT | | | | |
| | First | | Hold | Slotter | Gluii | ng | Material | |
| | Recurrence | | Special Acceptance | EQOS | Vert | ical | Dimension | |
| | No.: | | For Rework | Diecut | Othe | ers: | Appearance | |
| Date: | | | Reject / Disposal | Detaching | D | DIE CUT Process / Me | | |
| Issued by | | | Checked by | Approv | ed by | | Received by (Receiving Section) | |
| J. Macaraig QA IE Staff | | | G. Magsino QA Supervisor | D. Ra QA Senior S | | | epeda/W. Apalla Supervisor/ Manager | |
| | | | I. INVESTIGA | TION / ANALYSIS | | | | |
| | DIRECT CAUSE: (Ar | nalyze the reaso | n of occurrence, why it happened?) | INDIRECT C | AUSE: (Analyze the | e reason of occurr | ence, why it leaked?) | |
| g | Why 1: | | | Why 1: | | | | |
| ainin | Why 2: | | | Why 2: | | | | |
| ı T | Why 3: | | | Why 3: | | | | |
| System / Training | Why 4: | | | Why 4: | | | | |
| 0) | Why 5: | | | Why 5: | | | | |
| S | Why 1: | | | Why 1: | | | | |
| oling | Why 2: | | | Why 2: | | | | |
| Design / Toolings | Why 3: | | | Why 3: | | | | |
| | Why 4: | | | Why 4: | | | | |
| | Why 5: | | | Why 5: | | | | |
| | Why 1: | | | Why 1: | | | | |
| ateria | Why 2: | | | Why 2: | | | | |
| Process / Material | Why 3: | | | Why 3: | | | | |
| oces | 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 CO | NCLUSION | | | | | |
|---|-----------------|--------------|-----------------|---------------|-------------------|---|--|--|-----------------|--|--|
| | С | CCURRENCE | 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 | | | | | |
| Locati | | ation | Total Stock | NG | Total Good | | | | | | |
| RM | | | | | | | | | | | |
| WIP | | | | | | System | | | | | |
| FG | | | | | | | | | | | |
| B. Orientation | | | L | | | | | | | | |
| Date | | | Time | | | Design / | | | | | |
| Title | | | ! | • | | Tools | | | | | |
| Attendees | | | | | | | | | | | |
| C. Reworking | | | | | | | | | | | |
| Rework Quant | tity | | | | | 1 _ | | | | | |
| Total Good | | | | | | Process | | | | | |
| Rework Perce | entage (Good) | | | | | | | | | | |
| II. QA R | OOTCAUSE V | ERIFICATION | I (To be filled | out by QA In- | charge) | Date Conduct | ted: | PIC: | _ | | |
| | | Identified F | Rootcause | | | Recommendation | | | | | |
| | | | | | | | | | | | |
| | | | III. CORRE | ECTIVE ACTION | ON VERIFICAT | ION (To be fil | led out by Q | A In-charge) | | | |
| Checked by | | ked 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 | | | | | | | |
| | | | | | | | | e / closed. If the same problem o acted department to provide new | | | |
| IV. CLOSURE | | | | | | | | | | | |
| Status: | ratus: Remarks: | | Approve | | red by: | | Process Owner Acknowledgment: (Receiving Section) | | | | |
| Closed | | | | | | | | | | | |
| Still Open | | | | QA Su | pervisor | QA Asst. | Manager | Line Leader | Department Head | | |
| Re-Issue IRF | | | | Date: | | Date: | <u> </u> | Date: | Date: | | |