

**KANEPACKAGE PHILIPPINE INC.**

No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 5457-7166 to 69
Fax No. (049) 545-6302

INVESTIGATION REPORT FORM (IRF)

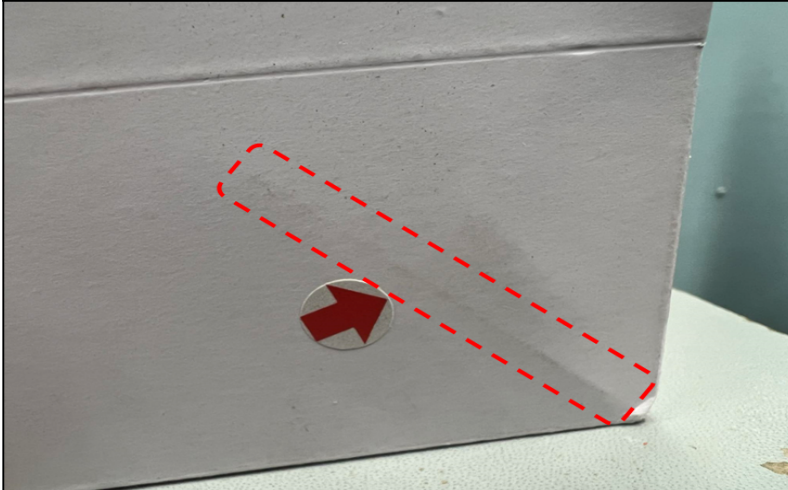
Control No.:

Date Issued

0038

241213

Customer	ARKRAY	Attention To	REXEL ALMARIO
Item Code	63-29360 BOX	Department	PRODUCTION
Item Description	(ACCESSORY CASE 90(W) X 155 (D) CLAYCOATED 400 DMS WHITE/GRAY BACK09		
Job Order Number	JO24-M-02227-2	Section Detected	PRODUCTION

ILLUSTRATION OF THE PROBLEM

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
42	11	26.19

Nature of Defect:

DENT

Requirement:

DENT IS NOT ACCEPTABLE

Actual

WITH DENT UP TO 55MM

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>241209</u>	<input type="checkbox"/> Hold <input type="checkbox"/> Special Acceptance <input type="checkbox"/> For Rework <input checked="" type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Slotter <input type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input checked="" type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input type="checkbox"/> Others	<input type="checkbox"/> Material <input type="checkbox"/> Dimension <input checked="" type="checkbox"/> Appearance <input type="checkbox"/> Process / Method
Issued by	Checked by	Approved by	Received by (Receiving Section)
ERIKA ASIS 241213	CHARLENE JAN MARIE FLORES 241217	MICHAEL CASILLANO 241217	GERALD DE GUZMAN 250113

I. INVESTIGATION / ANALYSIS**DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)****System / Training****Design / Toolings****Process / Material**

WHY 1 : W1 The items are claycoated materials colliding with each other causing dent. r nW2 The items are process in conveyor an overlapping feeding causing them to press against one another. r n

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INVESTIGATION REPORT FORM (IRF)**INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)**

System / Training

Design / Toolings

Process / Material

FINAL CONCLUSION

CORRECTIVE ACTION: (Actions to be done to ensure that the problem will not happen again)

WHO / WHEN

Process / Material

WHY 1: Conduct awareness orientation during Production Assembly

Production Leader // 2025-01-30

WHY 2: Inclusion of rejection history in the Job Order. r n No overlapping feeding in conveyor for this item

QA IE // 2025-02-07

IMMEDIATE ACTION: (Action to be done to contain/ temporary correct the problem found)

A. Sorting Result

C. Reworking

	Location	Total Stock	NG	Total Good	Rework Quantity	n/a
RM	n/a	0	0	0	Total Good	0
WIP	n/a	0	0	0	Rework PPM (Good)	0
FG	n/a	0	0	0		

B. Orientation

Date	2025-01-30	Time	08:15
Title	Awareness regarding Dent of Arkray 63 29360 Box Claycoated Accessory Case		
Attendees	All Production		

Prepared By:

Approved By:

GERALD DE GUZMAN | 250304

REXEL ALMARIO | 250507

Department Head

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INVESTIGATION REPORT FORM (IRF)**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?	Running	JO Number	Date	NG Qty	Lot Qty
1st Verification of Action			[] Yes [] No	1st				
2nd Verification of Action			[] Yes [] No	2nd				
3rd Verification of Action			[] Yes [] No	3rd				
Effectiveness of Action			[] Yes [] No	4th				
Remarks:				5th				

IV. CLOSURE

Status	Remarks
Still Open	

Approved by:		Process Owner Acknowledgment: (Receiving Section)	
N/A	N/A	N/A	N/A
QA Head	Top Management	Line Leader	Department Head
Date: -	Date: -	Date: -	Date: -