# 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
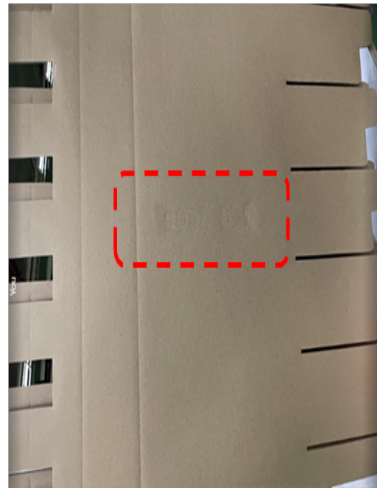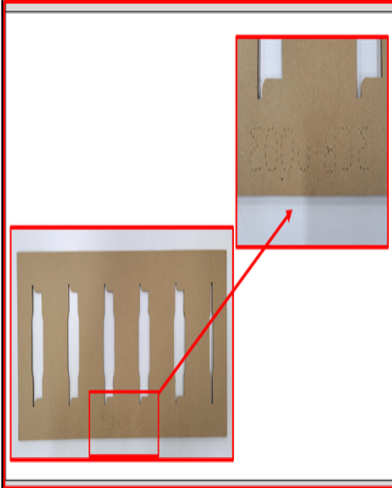
# INVESTIGATION REPORT FORM (IRF)

| Control No.: | Date Issued |
|---|---|
| 0042 | 241226 |

| | | | |
|---|---|---|---|
| Customer | CANON BUSINESS MACHINE PHILS. | Attention To | REXEL ALMARIO |
| Item Code | 3CB-0003-000, 3CB-0005-000 | Department | PRODUCTION |
| Item Description | | Date of Detection | 241217 |
| Job Order Number | JO-F-24-1148-3, JO-F-24-1148-3 | Section Detected | QA SCREENING |

## ILLUSTRATION OF THE PROBLEM



| Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
|---|---|---|
| 1600 | 41 | 2.56 |

**Nature of Defect:**

INVERTED DIECUT

**Requirement:**

NO INVERTED DIECUT

**Actual**

Letters are flipped horizontally & Diecutted on smooth surface.

| NO. OF OCCURENCE | DISPOSITION | AREA OF OCCURENCE / ORIGIN | | CONTENT |
|---|---|---|---|---|
| ☑ First | ☐ Hold | ☐ Slotter | ☐ Gluing | ☐ Material |
| ☐ Recurrence   No.: ___1___ | ☐ Special Acceptance | ☐ EQOS | ☐ Vertical | ☐ Dimension |
| | ☐ For Rework | ☑ Diecut | ☐ Others | ☐ Appearance |
| Date.: 241217 | ☑ Reject / Disposal | ☐ Detaching | _____ | ☑ Process / Method |

| Issued by | Checked by | Approved by | Received by (Receiving Section) |
|---|---|---|---|
| ERIKA ASIS \| 241226 | CHARLENE JAN MARIE FLORES \| 241226 | MICHAEL CASILLANO \| 241227 | GERALD DE GUZMAN \| 250113 |

## I. INVESTIGATION / ANALYSIS

**DIRECT CAUSE: (Analyze the reason of occurence, why it happened?)**

**System / Training**

**Design / Toolings**

**Process / Material**

WHY 1 :   W1  Wrong feeding orientation of materials. r nW2  Operator did not positioned the materials in proper orientation (should be rough surface). r nW3  Since the materials is alternate piling per 25pcs  operator did not flip the one pile of materials that caused inverted die cut. r nW4  Operator not conduct browsing to check same facing orientation of materials.

QA-027-F01 REV.01

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| **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:    Awareness Orientation during Production Assembly Meeting | Production Leader // 2025-03-20 |
| WHY 2:    Revision of Diecut S1700 Work Instruction regarding inclusion of fast browsing of materials.  r n(Conduct Fast browsing to make sure the same facing orientation of materials) | Production IE // 2025-03-04 |

**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 | | |
| FG | n/a | 0 | 0 | 0 | Rework PPM (Good) | 0 |

B. Orientation

| Date | 2025-02-20 | Time | 08:15 |
|---|---|---|---|
| Title | Production Weekly Assembly Meeting | | |
| 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: - |

**QA-027-F01 REV.01**