

**KANE PACKAGE 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 |
| 0050         | 250204      |

|                  |                               |                   |               |
|------------------|-------------------------------|-------------------|---------------|
| Customer         | CANON BUSINESS MACHINE PHILS. | Attention To      | REXEL ALMARIO |
| Item Code        | 3CB-0059-000                  | Department        | PRODUCTION    |
| Item Description | PARTITION                     | Date of Detection | 250131        |
| Job Order Number | JO-F-25-64-5                  | Section Detected  | QA SCREENING  |

**ILLUSTRATION OF THE PROBLEM**

|                   |                    |                  |   |
|-------------------|--------------------|------------------|---|
|                   | Lot Quantity (pcs) | Reject Qty (pcs) | Reject %  |
|                   | 4000               | 174              | 4.35  |
| Nature of Defect: |                    |                  | <b>BURSTING</b>                                   |
| Requirement:      |                    |                  | Acceptable up to maximum 25mm length by 3mm width |
| Actual            |                    |                  | With bursting up to 150 mm                        |

| NO. OF OCCURENCE   | DISPOSITION   | AREA OF OCCURENCE / ORIGIN                 | CONTENT  |
|--|---|--|--|
| <input type="checkbox"/> First                               | <input type="checkbox"/> Hold                         | <input type="checkbox"/> Slotter           | <input type="checkbox"/> Material                    |
| <input checked="" type="checkbox"/> Recurrence No.: <u>2</u> | <input type="checkbox"/> Special Acceptance           | <input type="checkbox"/> EQOS              | <input type="checkbox"/> Dimension                   |
| Date.: <u>241111</u>   | <input type="checkbox"/> For Rework                   | <input checked="" type="checkbox"/> Diecut | <input type="checkbox"/> Appearance                  |
|  | <input checked="" type="checkbox"/> Reject / Disposal | <input type="checkbox"/> Detaching         | <input checked="" type="checkbox"/> Process / Method |
| Issued by  | Checked by  | Approved by                                | Received by (Receiving Section)                      |
| MA. ERIKA MAE ASIS   250204                                  | CHARLENE JAN MARIE FLORES   250205                    | MICHAEL CASILLANO   250210                 | GERALD DE GUZMAN   250210                            |

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

WHY 1 : W1 UNEVEN EJECTOR PRESSURE. r nW2 INCONSISTENT USAGE OF EJECTOR SPONGE r nW3 NO ESTABLISHED STANDARD SOLUTION TO AVOID BURSTING



## INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)

System / Training

Design / Toolings

Process / Material

WHY 1 : N/A

## FINAL CONCLUSION

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

WHO / WHEN

Process / Material

WHY 1: RELAYOUT OF THE BLADE

Production Leader Tooling //  
2025-03-31

WHY 2: ESTABLISH STANDARD USAGE OF EJECTOR SPONGE ACCORDING TO CITO S TRAINING

Production ME // 2025-04-15

## 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      | 2025-04-10 | Time | 15:43 |
| Title     | n/a        |      |       |
| Attendees | n/a        |      |       |

Prepared By:

Approved By:

GERALD DE GUZMAN | 250410

REXEL ALMARIO | 250507

Department Head

**KANE PACKAGE PHILIPPINE INC.**

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

**INVESTIGATION REPORT FORM (IRF)****II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)**

|  |   |
|--|---|
| Date Conducted: 2025-04-01   | PIC: L. Dioso   |
| Identified Rootcause<br>Unbalance ejector pressure due to inconsistent usage of ejector sponge and eperan. | Recommendation<br>Re-layout blade and establish standard usage of ejector sponge. |

**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   | L. Dioso    | 2025-04-05 | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1st     | JO-F-25-382-4 | 250405 | 15     | 2000    |
| 2nd Verification of Action   | L. Dioso    | 2025-04-23 | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2nd     | JO-F-25-442-7 | 250415 | 12     | 3000    |
| 3rd Verification of Action   |             |            | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3rd     | JO-F-25-483-6 | 250423 | 21     | 3000    |
| Effectiveness of Action  | L. Dioso    | 2025-04-28 | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4th     | JO-F-25-483-7 | 250504 | 17     | 3000    |
| Remarks: Rejects for CBMP Partitions including 3CB-0059-000 drastically improve. |             |            |  | 5th     | JO-F-25-530-2 | 250514 | 8      | 2000    |

**IV. CLOSURE**

| Status   | Remarks   |
|--|---|
| Still Open                                     | Low rejection rate for item 3CB-0059-000          |
| Approved by:                                   | Process Owner Acknowledgment: (Receiving Section) |
| MICHAEL CASILLANO   250901<br>10:36<br>QA Head | N/A<br>Top Management                             |
| Date: 25252525-09-01                           | Date: -   |
|  | Date: -   |
|  | Date: -   |